

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



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| Centre name: | St David's Nursing Home |
| Centre ID: | OSV-0000391 |
| Centre address: | Gentian Hill, Knocknacarra, Salthill, Galway. |
| Telephone number: | 091 525 358 |
| Email address: | davidsnursinghome@hotmail.com |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Monica Browne |
| Provider Nominee: | Monica Browne |
| Lead inspector: | Nan Savage |
| Support inspector(s): | |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 13 |
| Number of vacancies on the date of inspection: | 2 |

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

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| From: | To: |
| 30 October 2014 10:00 | 30 October 2014 18:00 |
| 31 October 2014 08:30 | 31 October 2014 12:30 |

The table below sets out the outcomes that were inspected against on this inspection.

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| Outcome 01: Statement of Purpose |
| Outcome 02: Governance and Management |
| Outcome 03: Information for residents |
| Outcome 04: Suitable Person in Charge |
| Outcome 05: Documentation to be kept at a designated centre |
| Outcome 06: Absence of the Person in charge |
| Outcome 07: Safeguarding and Safety |
| Outcome 08: Health and Safety and Risk Management |
| Outcome 09: Medication Management |
| Outcome 10: Notification of Incidents |
| Outcome 11: Health and Social Care Needs |
| Outcome 12: Safe and Suitable Premises |
| Outcome 13: Complaints procedures |
| Outcome 14: End of Life Care |
| Outcome 15: Food and Nutrition |
| Outcome 16: Residents' Rights, Dignity and Consultation |
| Outcome 17: Residents' clothing and personal property and possessions |
| Outcome 18: Suitable Staffing |

Summary of findings from this inspection

This report sets out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority's (the Authority) Regulation Directorate. The centre had applied for registration renewal with a change to increase the number of residential places from 15 to 18. At the time of the registration inspection, the provider was in the process of building an extension to the centre which when completed would provide additional living space.

As part of the inspection, the inspector met with residents, the provider who also fulfils the role of person in charge and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident

logs, policies, procedures and staff files. The inspector also reviewed the Authority's resident and relative questionnaires. Residents and relatives were very complimentary of the service and care provided.

There was evidence of good practice in all areas of the service inspected although improvements were required to achieve full compliance with the Regulations. The inspector found that the provider demonstrated strong commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The person in charge and staff demonstrated detailed knowledge of residents' health and social care needs. The healthcare needs of residents appeared well met and residents had good access to medical services and to allied health professionals. Residents continued to have opportunity to participate in meaningful activities. The physical environment was kept in a very clean condition, warm and well maintained.

During the inspection, adequate staffing levels and skill mix were on duty to meet the needs of residents and staff rosters. Procedures were in place for the recruitment, selection and vetting of staff and staff had access to a continuous training programme.

The provider had systems in place to promote and protect the safety of residents although improvement was required in aspects of risk management, an aspect of fire safety and the measures in place to safeguard residents from any potential harm. Improvements were required in other areas including aspects of the physical environment, residents' contracts of care, complaints management and some documents to be kept in the centre.

The findings are discussed further in the report and improvements required are included in the Action Plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Findings:

The statement of purpose complied with a number of the requirements of the Regulations. However, some required information was absent including the conditions of registration and the specific arrangements for the management of the centre in the absence of the person in charge. The inspector also noted that the arrangements made for dealing with complaints were not adequate. The provider addressed these required amendments and submitted an updated statement of purpose to the Authority.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Findings:

Systems were in place to monitor and develop the quality of care and experience of residents although some improvement was required to ensure all areas of the service were adequately reviewed and that audits were effectively used to identify areas for improvement. The provider had made available resources to support the delivery of safe and quality care services. There was a management structure in place that identified the lines of authority and accountability.

The inspector found that a system had been implemented to oversee that the quality of

care given to residents was monitored, developed and improved on an ongoing basis. Audits were carried out in a number of areas including food and nutrition, medication management, infection control, catering and staff competency in manual handling. Data was collated, analysed and there was evidence that the results were used to develop the service in specific areas. For example, an audit on food and nutrition had led to the development of a policy on oral care and this audit also captured that there was now access to speech and language therapy (SALT) and occupation therapy (OT) in the nursing home. The inspector also noted that a medication audit carried out in April 2014 had resulted in improved prescribing practices and completion of associated records.

The inspector noted that a residents' feedback survey had been recently conducted and the overall feedback from residents was very positive. The provider and person in charge were in the process of addressing the findings and had implemented positive changes for residents based on the feedback received.

However, the inspector noted that aspects of other audits that had been completed did not reflect inspection findings in areas including complaints and the use of restraint (bedrails).

Judgment:

Non Compliant - Minor

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Findings:

An informative Residents' Guide in respect of the centre was available to residents. However, this Guide did not comply with all the requirements of the Regulations as it did not include the terms and conditions relating to the residence in the centre and adequate details of the complaints procedure. The provider started to update the Residents' Guide during the inspection.

The inspector viewed a sample of residents' contracts of care and found that there was an agreed written contract in place for each resident. There were different contracts in use and they did not comply with all the requirements of the Regulations. For example, they did not include sufficient information regarding the services to be provided and the fees to be charged, where applicable. The provider had obtained a new contract that she planned to implement. This contract met with most requirements of the Regulations but required some review.

Judgment:

Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Findings:

There had been no change to the role of person in charge since the previous inspection. The inspector found that the centre was managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

The inspector held discussions with the person in charge throughout the inspection and found that she demonstrated good clinical knowledge and understanding of most of her legal responsibilities under the Regulations and Standards. The person in charge did not demonstrate clear understanding of what constituted an allegation of abuse and had not submitted some required notifications. This is discussed further under Outcomes 7, 10 and 13 of this report. The person in charge started to address this matter on inspection.

The person in charge had engaged in continuous professional development. In the previous 12 months the person in charge had completed courses in areas including palliative care, pressure ulcer and wound management, infection control and had completed an update on medication management.

The inspector saw that the person in charge was very well known to residents, relatives and staff.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Findings:

The inspector reviewed a range of documents, including residents' and staff records, directory of residents and insurance policy. Records were kept in a manner so as to ensure completeness accuracy and ease of retrieval and there were examples of good record keeping. However, some improvement was required to areas including specific policies, staff files, the directory of residents and staff files.

The inspector requested to view a sample of Schedule 5 policies and all were made available during the inspection. However, some policies did not provide sufficient guidance for staff including the policy on the prevention, detection and response to abuse. Other policies did not contain all the required information specified in the Regulations such as the complaints policy.

The directory of residents contained all the required information as detailed in the Regulations apart from the name and address of any authority, organisation or body that arranged the resident's admission to the centre and the sex of the resident. The register was kept up to date with information including residents' admission dates, next of kin details and transfer details.

The inspector viewed a random sample of staff files and found that most information required by the Regulations had been obtained for each staff member. However, the inspector noted that there was no documentary evidence to explain gaps in some staff members' employment history.

The staff roster did not include all staff that worked in the centre.

Residents' records as detailed in Schedule 3 of the Regulations were overall well maintained although improvements were records to some records. This is discussed further under Outcomes 8 and 11.

The provider had put in place an up-to-date insurance policy for the centre.

An up to date record of visitors entering and leaving the centre was also maintained in the reception area.

Judgment:

Non Compliant - Moderate

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Findings:

The provider was familiar with her responsibility to notify the Chief Inspector of the absence of the person in charge. On the days of inspection, adequate arrangements were in place for the management of the centre in the absence of the person in charge.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):**Findings:**

The provider and person in charge had taken measures to safeguard residents from being harmed or from suffering abuse, although, improvements were required.

There was a policy for the prevention, detection and response to abuse. However, there was no reference to the requirement to notify the Authority in the event of an allegation of suspected or confirmed abuse. There was also insufficient guidance on how to respond to an allegation of abuse against a member of management.

The inspector found that an allegation of abuse had been incorrectly dealt with as a complaint. While the person in charge took prompt action in investigating this incident the correct procedures were not adhered to and the Authority had not been notified, as required. The person in charge had not recognised this incident as an allegation of abuse. Since the inspection, the person in charge conducted a full investigation and submitted this required notification to the Chief Inspector.

Staff spoken with outlined what they would do if they suspected abuse. Staff and training records reviewed confirmed that most staff had received instruction in this area during 2013 and some had completed formal training in October 2014. The person in charge was in the process of arranging refresher training for all staff and she informed the inspector that two staff were scheduled to complete a train the trainer formal qualification in this area. Residents that spoke with the inspector and those who had completed questionnaires reported that they felt safe in the centre and linked this to the staff and premises being kept secure.

The provider and person in charge had worked towards achieving a restraint free environment. However, the national and centre policies on the use of restraint had not adequately informed some areas of the assessment process. Prior to implementing a

restraint measure, an assessment was completed to determine the suitability of the restraint for the specific resident and alternatives to the use of restraint had been successfully used for some residents. This assessment was used to develop an associated care plan on the use of the bedrails. However, this assessment was not comprehensive and relevant factors including the risk of the resident climbing over the bedrail had not been assessed. Also, in some instances the rationale that had been documented for using the bedrail was not in line with the policies. In discussions with the person in charge, she clearly described the purpose for using the bedrails. The inspector found that in some cases sufficient details were not recorded on the alternatives that had been trialled prior to using the restraint measure. Monitoring of the use of bedrails took place and checks were completed, when required.

The inspector noted that residents were provided with support that promoted a positive approach to behaviours that challenges. Arrangements were in place to manage potential behaviours that challenges, although, some improvement was required to the associated care planning documentation. A required action relating to this is included under Outcome 5. There was a policy, which gave instructions to staff on how to manage behaviours that challenge and the inspector noted that care interventions were documented for residents that had exhibited potential behaviours that challenged. However, there was no information in some care plans on how to de-escalate an incident. Staff were very familiar with techniques they used in response to these behaviours and this was evident in practice. Some staff had received training in this area and further training had been planned.

Residents' personal finances were not managed in the centre. The inspector was informed by the provider that either the resident or next of kin looked after their financial affairs. The provider reported that should a resident require assistance that appropriate arrangements would be put in place with the assistance of an advocate.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

Findings:

The provider had put systems in place to promote and protect the safety of residents, staff and visitors to the centre although improvement was required in some areas of risk management and one aspect of fire safety.

There was a risk management framework implemented, which included risk management policies and procedures that also covered specific risks identified in the Regulations. The inspector also noted that a range of risk assessments had been

completed by the person in charge in October 2014 of areas and specific hazards. Most of these assessments had included relevant hazards and identified appropriate control measures that were evident in practice.

However, some of these assessments required review as they did not identify specific hazards and associated risks had not been assessed and adequately controlled. For example, sections of the corridors were very narrow and did not promote residents' independence and safety. Due to the lack of available space in these areas one hand rail was fitted. The provider stated that some of these sections would be reviewed as part of the current renovation programme. The inspector also noted that an emergency call bell was not available in the dining room and hand rails had not been fitted to both sides of the steps at the entrance to the centre.

The provider was in the process of building an extension to the rear of the centre and described her plans to improve the physical environment and therefore enhance the quality of life for residents living in the centre. The provider reported that plans had been submitted to the Authority previously. The provider described a number of control measures that had been taken during the ongoing completion of these works. While a general risk assessment had been completed there was no documented risk management plan in place which demonstrated how the overall safety and quality of life of residents was adequately supported and protected during this project. All hazards and associated risks that related to this project had not been assessed. The inspector discussed areas that required assessment as part of this plan including noise levels, prevention of unauthorised access to the centre and additional controls that will be required during the renovations that were planned for the existing centre. The provider started to document this plan during the inspection.

There was evidence that infection control measures had been implemented including the provision and use of hand sanitising agents by staff. An effective system had also been recently implemented for cleaning the floors throughout the centre and staff had received training on infection control. However, the inspector identified aspects of infection control that required improvement. For example, open waste bins were used in some bedrooms and toilets and a laundry trolley was stored in the upstairs shower room. The inspector also saw that some cleaning equipment was stored in the sluice room.

Fire extinguishers in the laundry room had not been serviced in a couple of years even though associated documentation indicated that this had been serviced. The provider promptly addressed this matter on inspection and a new fire extinguisher was installed in this area during the inspection. Staff had attended formal training on fire safety and evacuation and those spoken with were familiar with the centre's procedures on fire evacuation. However, fire drills had not taken place six monthly.

The provider had taken other measures to prioritise the safety of residents in the event of fire. In response to fire safety requirements, the provider had completed an extensive fire safety upgrade in the centre during 2013 and 2014. The inspector found that there was an programme in place for the servicing and checking of the fire safety equipment. The inspector also read records which demonstrated that internal safety checks were completed.

The emergency plan provided sufficient guidance for managing emergencies and included arrangements for emergency accommodation. However, emergency transport details had not been documented in the plan.

The provider had implemented a system to safeguard residents, which included controlled access to the centre and the completion of a visitor's book.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

Findings:

Medication management practices were safe and processes were in place to guide and support practice. Some minor improvement was required to the practice in relating to checking medications that require special controls (MDA's). Residents' medications were reviewed regularly and an out-of-hours GP service was available to residents.

Residents' prescription and administration sheets contained required information. The inspector viewed a sample of records and found that they were completed in line with professional guidelines.

MDA's were appropriately managed and safely stored. However, nursing staff did not check these medications at the change of each shift, as required. A required action relating to this is included under Outcome 5.

Adequate refrigerated storage was in use for medications that required temperature control and the temperature of the refrigerator was monitored daily. The inspector also noted that the medication trolley was kept securely and the medication keys were kept by a designated nurse at all times.

There were appropriate procedures for the handling and disposal for unused and out of date medicines.

The inspector noted that there was a system in place for the recording and management of medication errors. The person in charge and staff who spoke with the inspector reported that there had been no medication errors. Nursing staff described the process for the recording and management of medication errors.

There were no residents self-medicating at the time of inspection. The inspector noted

that there was a procedure in place to enable residents self-administer, where deemed appropriate.

There was a review process in place for the auditing medication management and nursing staff had received training on medication management.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

Findings:

The person in charge had maintained a system for the recording of incidents and from the sample of records viewed, details of incidents were appropriately documented including the immediate action taken.

However, not all notifiable events had been submitted to the Chief Inspector, when required. These required notifications have since been received by the Authority.

There was a monitoring system for the purposes of reducing the likelihood of re-occurrence which included a quarterly review of incidents including accidents.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Findings:

The health needs of residents appeared to be well met and the care delivered encouraged the prevention and early detection of ill health. Appropriate medical care

was provided and residents had access to allied health professionals which reflected their care needs. Residents also continued to have access to specialist gerontology and psychiatry of later life services.

The inspector viewed a sample of residents' files, including the files of residents with compromised skin integrity, nutritional needs, at risk of falling and end-of-life care. There was evidence that clinical needs were appropriately managed in line with evidence based practice, although some residents' assessments and care plans required improvement to accurately reflect their current needs and the care delivered to the resident. A range of risk assessments had been completed for each resident and had been used to develop mostly informative care plans that were individualised, person centred and described the care to be delivered. There was evidence that assessments and care plans were reviewed regularly although some had not been reviewed after a change in the residents' circumstances. For example, residents' assessments and care plans had not been consistently reviewed after a resident had experienced a fall. The inspector also noted that interventions had not been recorded for staff to follow in the event of a resident having a seizure. A required action relating to this is included under Outcome 5.

There was evidence that residents and or their representative were involved in the development and review of the residents' care plan.

From the sample of records viewed, each resident's rights to refuse treatment had been facilitated, respected and recorded.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs in a comfortable way. The centre was very homely with appropriate furnishings, fixtures and fittings. There was a high standard of cleanliness and suitable decoration. However, as detailed in Outcome 7, some corridors were very narrow and this did not support residents' independence and safety.

In response to a required action on the previous thematic inspection, the provider had made changes to the dining room which created more space for residents to dine in this room, if they wished. Since the last inspection, new signage had also been erected to direct visitors and others to the location of the nursing home.

The provider had commenced an extensive programme of upgrading and was in the process of adding an extension to the centre. The provider explained that this extension would improve some current facilities and create additional facilities. This included increased dining room space, provision of an additional day room and new conservatory. The person in charge stated that a safe enclosed garden would also be provided that would be accessible from the conservatory.

Emergency call bells were not available in all rooms used by residents. As noted in Outcome 8 there was no emergency call bell in the dining room. There was a functioning call bell system in place and a new chair lift.

While the provider had used space effectively within the centre there was inadequate storage space which resulted in some items being stored in unsuitable areas. This is detailed further under Outcome 7.

Each resident resided in a single bedroom that included a hand-wash basin. The inspector visited a number of these bedrooms and found that the size and layout was suitable to meet the needs of the resident. These rooms were personalised to the individual resident. The provider had made available additional facilities for residents to meet their individual needs including additional vanity presses and provision of large televisions.

Communal space consisted of a day room and reception room that was also used by residents to meet visitors in private, if they wished.

The inspector found that the centre was kept in a good state of repair and an effective programme of maintenance was in place. Maintenance records viewed demonstrated that there was ongoing maintenance completed in the centre.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

Findings:

Formal arrangements were in place for responding to complaints, although, some improvement was required to the complaints policy and procedure in order to comply

with all the regulatory requirements. The provider and person in charge considered complaints as opportunities to review and improve the service.

The complaints procedure was displayed in different areas of the centre. However, the documented procedure did not include an independent appeals process and incorrectly referenced the Authority as part of the centre complaints procedure.

There was a complaints policy in place which gave guidance to staff on the different types of complaints. However, the policy did not describe the appeals process and incorrectly included the Authority as part of the centre policy.

The inspector viewed a sample of complaints maintained in the complaints register and found that complaints were adequately dealt with, however, the satisfaction level of the complainant was not consistently documented.

Judgment:

Non Compliant - Moderate

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

Findings:

Care practices were in place so that residents received end of life care in a way that met their individual needs and wishes and respected their dignity and autonomy.

There was a comprehensive end of life policy that provided sufficient guidance for staff and the person in charge had put in place a system to ensure that staff had read and understood the policy. However, the policy had not been updated to reflect the current regulatory requirement regarding the notification of the unexpected death of any resident.

The inspector reviewed a sample of residents' records and noted that residents end-of-life care wishes were assessed, however, they had not been consistently reviewed when required and used to develop care plans that reflected the resident's needs. A required action relating to this is included under Outcome 5.

The centre had continued to have access to a consultant-led palliative care service. The provider and person in charge had established strong links and records viewed demonstrated that the palliative care team had recently visited a resident at end of life.

Facilities and refreshments were available to residents' family members and close friends during end-of-life care.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A nutritious and varied diet was offered to residents that incorporated choice at mealtimes. The inspector found that staff offered assistance to residents in an appropriate and sensitive way. Residents and staff spoken with confirmed that there were daily meal choices and that the inspector noted that staff asked for their preferences.

There was a very pleasant and sociable dining experience. Mealtimes were unhurried events that provided opportunities for residents to chat with each other and staff. Residents spoken with were pleased with the menu choices available and were offered snacks and refreshments.

Measures were in place to ensure residents' dietary requirements were met. The chef on duty demonstrated knowledge of residents' special dietary requirements and showed the inspector up to date information on residents' dietary needs and other relevant information including guidance on food fortification.

The person in charge had put in place an effective system to monitor residents' nutritional needs. A nutritional assessment tool had been used to develop informative care plans. Residents' weights and body mass index (BMI) were monitored monthly and more regularly when required. The inspector noted that input had been sought from residents' GP, a dietician and SALT when required and recommendations were recorded in residents' files. The inspector also found that nursing staff informed the chef of residents' dietary requirements and medication records showed that nutritional supplements were administered as prescribed.

The inspector visited the kitchen and found that it was maintained in a very clean condition. There were ample supplies of fresh and frozen food, which were stored appropriately. Separate staff toilet facilities were provided for catering staff.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):**Findings:**

Residents and or their representatives were consulted with and participated in the organisation of the centre. There were examples where residents' privacy and dignity was respected and their choices and independence promoted although one area that related to the use of closed circuit television (CCTV) required improvement. There were opportunities for residents to participate in meaningful activities appropriate to their interests and capabilities.

The provider and person in charge continued to facilitate meaningful recreational activities that suited the interests and capabilities of the residents. A variety of internal and external opportunities were available for residents to participate in meaningful social care and the inspector saw staff engaging with residents throughout the inspection. During the inspection, a number of residents participated in activities including a baking session, bingo, sing songs and reminiscence. The programme of activities also included other methods of stimulation including Sonas (therapeutic programme specifically for residents with dementia). Special events were celebrated including residents' birthdays and Halloween.

Residents' meetings took place regularly and the inspector reviewed a sample of minutes from meetings that had taken place during 2014. Items discussed at these meetings included meals, activities and changes in the physical environment. These meetings give residents an opportunity to give feedback and raise any issues or make suggestions for improvement.

Residents' political, civil and religious rights were promoted. The person in charge and some residents confirmed voting was facilitated during elections and referendums. Residents and staff spoken with confirmed that religious services took place regularly including monthly mass and daily rosary. The provider and person in charge confirmed that residents from different religious denominations were supported to practice their beliefs.

However, improvement was required to the use of CCTV in the centre. The inspector noted that live footage from CCTV was displayed on a screen in the dining room and this did not support residents' rights. Signage alerting residents and others to the use of CCTV was not displayed and there was no policy on the use of CCTV in the centre.

Judgment:

Non Compliant - Minor

Outcome 17: Residents' clothing and personal property and possessions

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):**Findings:**

The provider had implemented measures to protect residents' personal property and possessions although some improvement was required to the system in place to support residents' control over their belongings.

Arrangements were in place for regular laundering and return of clothes to residents, however, some improvement was required to ensure residents could retain adequate control over their own possessions. While some good practice was noted the system in place to monitor residents' belongings including clothes had not been consistently implemented for each resident.

The inspector visited some residents' bedrooms and saw that adequate storage was available for residents' personal belongings including lockable storage space. These bedrooms were also individualised with residents' own personal effects. Residents were encouraged and supported to bring in personal items to make their bedroom more comfortable.

The laundry room was equipped with laundry equipment and arrangements were in place for sorting clean and soiled laundry. There was a system in use for identifying residents' clothing which assisted in the safe return of clothes to residents.

Judgment:

Non Compliant - Minor

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

Findings:

Adequate staffing levels and skill mix were in place to meet the assessed needs of residents. The person in charge had rostered extra staff and the inspector was informed that this was to facilitate the inspection. However, a staff member that worked in the centre had not been included on the staff roster, as required by the Regulations. A required action relating to the staff roster is included under Outcome 5.

Recruitment practices were in place although some improvement. There was a recruitment, selection and vetting policy but this policy had not been reviewed since October 2010 and did not reflect some current regulatory requirements. Required actions relating to this area is included under Outcome 5.

The provider had made resources available for staff to complete training pertinent to their role and the needs of residents and the person in charge had facilitated staff to attend this training. Staff spoken with and records viewed confirmed that staff had received a range of training in areas including medication management, infection control, food hygiene and nutrition, wound care management, dementia care and the management of potential behaviours that challenges.

Up to date person identification numbers (PIN) were available for all nursing staff.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Nan Savage
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

| | |
|----------------------------|-------------------------|
| Centre name: | St David's Nursing Home |
| Centre ID: | OSV-0000391 |
| Date of inspection: | 30/10/2014 |
| Date of response: | 29/01/2015 |

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Systems were in place to monitor and develop the quality of care and experience of residents although improvement was required to ensure all areas of the service including complaints management and use of restraint, were adequately reviewed and that audits were effectively used to identify areas for improvement.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

A comprehensive and robust assessment tool has been put in place for monitoring of same.

Proposed Timescale: 31/12/2014

Outcome 03: Information for residents**Theme:**

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The Residents' Guide did not comply with all the requirements of the Regulations as it did not include the terms and conditions relating to the residence in the centre.

Action Required:

Under Regulation 20(2)(b) you are required to: Prepare a guide in respect of the designated centre which includes the terms and conditions relating to residence in the centre.

Please state the actions you have taken or are planning to take:

Our residents guide has been modified to include terms and conditions relating to residence at the centre

Proposed Timescale: 03/11/2014

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Residents' contracts of care did not comply with all the requirements of the Regulations. They did not include sufficient information regarding the services to be provided and the fees to be charged, where applicable.

Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

Please state the actions you have taken or are planning to take:

The contract of care has been modified to include all information required

Proposed Timescale: 03/11/2014

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some policies did not provide sufficient guidance for staff including the policy on the prevention, detection and response to abuse. The complaint policy did not outline the independent appeals process.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

Please state the actions you have taken or are planning to take:

We have reviewed our policies to provide a clearer response to prevention and detection of abuse. In house training took place for all staff, to cover all aspects of abuse. Our complaints policy now outlines the independent appeals process.

Proposed Timescale: 30/11/2014

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The directory of residents did not contain all the required information. The name and address of any authority, organisation or body that arranged the resident's admission to the centre and the sex of the resident had not been included in the directory.

Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

Please state the actions you have taken or are planning to take:

The registry of the centre has been amended to show if a resident has been referred by an organisation or body. The gender of each resident is now also amended.

Proposed Timescale: 30/11/2014

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no documentary evidence to explain gaps in some staff members' employment history.

The staff roster did not include a staff member that carried out valuable work in the

centre.

Some records relating to aspects of residents' health care assessments and care plans, use of restraint and medications had not been adequately maintained.

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:

All CV's have been reviewed and any gaps in employment have been rectified. All persons who work at the centre, are now listed on the roster.

The policy in relation to checking of MDA has been reviewed and checking times approved.

Proposed Timescale: 30/11/2014

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The national and centre policies on the use of restraint had not adequately informed some areas of the assessment process for the use of restraint. The assessment was not comprehensive and did not assess all relevant factors prior to the use of a restraint measure. In some cases sufficient details were not recorded on the alternatives that had been trialled prior to using the restraint measure.

Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:

The rationale for use of restraints has been reviewed and is now documented in a more specific manner, in line with the National Policy of Department of Health.

Proposed Timescale: 15/12/2014

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some hazards had not been identified and the associated risks had not been assessed including sections of the corridors that were very narrow in the existing centre and did

not promote each resident's independence and safety. All hazards and associated risks that related to the renovations had not been assessed.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:

As there are narrow corridors in the older part of the centre, training in people, moving and handling, has been amended to incorporate the appropriate action in this area. Risk assessments regarding same, have been completed. The new extension will be reversing the layout of the centre and bringing the larger corridors into daily use. The area in the older section of the centre with the narrow corridors, will only be used minimally.

Proposed Timescale: 31/07/2015

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some hazards and associated risks that related to the physical environment had not been adequately controlled.

Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:

All risk assessments have been reviewed and a programme of continuous assessment, while building work is in progress, will take place.

Proposed Timescale: 30/11/2014

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was an emergency plan, however, emergency transport details had not been documented in the plan.

Action Required:

Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Please state the actions you have taken or are planning to take:

The emergency plan has been reviewed, and all the details of emergency transport have been included.

Proposed Timescale: 30/11/2014

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Aspects of infection control that required improvement.

Open waste bins were used in some bedrooms and toilets.
The laundry trolley was stored in a residents' shower room.
Some cleaning equipment was stored in the sluice room.

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:

Closed waste bins are now in all bedrooms. A Laundry trolley has been removed from the bathroom and will be placed in a new storage facility being constructed. The new building will provide storage for cleaning equipment.

Proposed Timescale: 31/07/2015

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Staff had not attended six monthly fire drills.

Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:

All staff have received certificated training and all future fire drills, will take place on a 6 monthly basis.

Proposed Timescale: 30/11/2014

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some areas of the physical environment did not comply with regulatory requirements.

The width of the corridors in some areas did not support residents' independence and safety.

There was no emergency call bell in the dining room.

Inadequate storage space resulted in some items been stored in unsuitable areas.

Residents did not have access to a safe garden.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

New extension, will be completed July 2015, it will provide larger corridors and storage areas. As outlined in previous action (people moving, and handling),has incorporated the situation in their training. The enclosed garden will be available again in Summer 2015, when building is complete.

An emergency call bell, has been installed in dining room.

Proposed Timescale: People moving and handling training, completed 30/11/14. Extension will be completed 31/7/2015. Call bell installed 30/11/14.

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The complaints procedure did not include an independent appeals process and incorrectly referenced the Authority as part of the centre complaints procedure.

Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

Please state the actions you have taken or are planning to take:

The complaints procedure has been modified, to include an independent 3rd party and HIQA have been excluded from the complaints process.

Proposed Timescale: 30/11/2014

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The satisfaction level of the complainant with the outcome of the complaint investigation was not consistently documented.

Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:

We have reviewed our complaints procedure ,and outcome of the same and will maintain a complete record and detail of outcomes.

Proposed Timescale: 30/11/2014

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The use of CCTV in the centre was not appropriately managed. Live footage from CCTV was displayed on a screen in the dining room and this did not support residents' rights. Signage alerting residents and others to the use of CCTV was not displayed and there was no policy on the use of CCTV in the centre.

Action Required:

Under Regulation 09(3)(e) you are required to: Ensure that each resident can exercise their civil, political and religious rights.

Please state the actions you have taken or are planning to take:

The use of CCTV at the centre is being reviewed, in regard to using it as a safety tool for residents at night. A policy is being put in place and signage will be displayed.

Proposed Timescale: 25/01/2015

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The system in place to ensure residents could retain adequate control over their own possessions had not been consistently implemented.

Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

Please state the actions you have taken or are planning to take:

New identification methods for laundry are being put in place and all personal property logs are being reviewed and updated.

Proposed Timescale: 30/12/2014