

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sacred Hearts Nursing Home
Centre ID:	ORG-0000156
Centre address:	Roslea Road, Clones, Monaghan.
Telephone number:	047 51 069
Email address:	sacredhearts@arbourcaregroup.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Varna Healthcare Services Limited
Provider Nominee:	Donal O’Gallagher
Lead inspector:	Jillian Connolly
Support inspector(s):	Brid McGoldrick (Day One); Catherine Connolly Gargan(Day Two)
Type of inspection	Announced
Number of residents on the date of inspection:	44
Number of vacancies on the date of inspection:	4

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.

Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and amendments, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 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

From:	To:
19 February 2014 09:00	19 February 2014 17:00
20 February 2014 07:30	20 February 2014 13:30

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
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

Sacred Heart Nursing Home is located in Clones town, Co. Monaghan. It was registered as a designated centre with the Health Information and Quality Authority in June 2011. The centre is registered to provide services for a maximum of 48 residents who are accommodated in 23 single rooms, five double rooms, one triple room and three four-bedded rooms. The inspection was facilitated by the registered provider, the person in charge and the operations manager.

This monitoring event was in response to an application by the provider for renewal of registration of the designated centre under the Health Act 2007. On the day of inspection, inspectors met with residents and staff, reviewed documentation and

observed practices. As this was part of the application to renew the registration of the centre, the provider had provided the Authority with information prior to the inspection. Inspectors also reviewed questionnaires submitted to the Authority by 10 residents and 11 relatives.

The Person in Charge provided information to the inspectors which evidenced that at the time of the inspection there were 44 residents residing in the centre, 10 of which had maximum dependency, eight medium dependency and 26 low dependency needs. There were 25 residents over the age of 80 and nine over the age of 90 at the time of inspection. Nine of the residents had a diagnosis of dementia.

Inspectors found that there was a satisfactory governance and management structure in place. Through analysis of the questionnaires and speaking with residents, Inspectors found that residents felt safe within the designated centre and were generally happy with the care that they received. Inspectors found staff to be knowledgeable about residents' needs and respectful of residents.

There were five actions from the previous inspection which took place in October 2012. Three of the five actions were satisfactorily implemented. Inspectors reviewed the wound care policy and the policy relating to restraint and found both to be in line with best practice. There was also a record of any drug allergies a resident may have. The two actions not completed pertained to the premises of the nursing home. The provider acknowledged, both in the response to the actions and to inspectors that they are aware of the statutory requirement to alter the premises by July 2015. Although the provider had informed inspectors that progress had been made in relation to controlling and minimising risks and making the physical environment suitable for individual and collective needs of the residents, there were a number of areas highlighted for further improvement. Fire safety arrangements to enable the effective means of escape and evacuation required improvement and is further detailed in outcome 7.

Other areas for improvement include medication management, social care needs, the privacy and dignity of the residents and the staffing arrangements within the centre.

Following this inspection, an action plan was sent to the provider which set out the mandatory improvements required to meet the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

However, the completed action plan returned by the provider does not satisfactorily address all the failings identified in this report. The Authority has therefore taken the decision not to publish the action plan at this time and is in discussion with the provider to address all outstanding actions.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and amendments, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 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:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Prior to Inspection, the provider submitted a Statement of Purpose to the Authority. Inspectors also requested a copy of the Statement of Purpose on the day of the inspection. The Statement of Purpose contained all the items listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. However, Inspectors found information within the text which did not accurately describe the service that was being provided at the centre. Examples included that the Statement of Purpose stated that the centre provides services for people over the age of 65 however on inspection there were residents under the age of 65. The Statement of Purpose also listed the range of needs that the centre provided services for in 2011.

Judgement:

Non Compliant - Minor

Outcome 02: Contract for the Provision of Services

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:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Each resident reviewed had an agreed written contract of care in place which was signed by the resident or their representative. The contract set out the services to be provided and acknowledged that additional charges are applied for a variety of other

services such as hairdressing, chiropody, care assistant, transport (including any attending care assistants' costs) etc. However the fees for any additional charges had not been included in the contract or reference made to where that information could be found.

Judgement:

Non Compliant - Minor

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was no change in the person in charge since the last inspection. On inspection, the person in charge demonstrated appropriate knowledge of legislation and her statutory responsibility. There was evidence that the person in charge is engaged in the management of the centre. Residents were aware of who the Person in Charge was. Inspectors reviewed the rosters and it was evident that the person in charge was employed on a full time basis.

Judgement:

Compliant

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (As amended). Of the sample of staff files reviewed, inspectors found that all documents listed in Schedule 2 were maintained by the centre. Of the records listed in Schedule 3, inspectors found that the majority were maintained in the centre.

Inspectors observed deficits in the medical records, particularly in relation to the records of all drugs and medicines prescribed, signed and dated by a medical practitioner. This is discussed further in Outcome 8.

Inspectors reviewed the insurance of the designated centre, and confirmed that the centre is adequately insured against accidents or injury to residents, staff and visitors. Insurance cover is also in place against loss or damage to the assets and delivery of service. The provider also has a liability to each resident not exceeding €1000 against loss or damage to any one item.

Judgement:

Compliant

Outcome 05: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The Person in Charge has not been absent for more than 28 days since the last inspection. The registered provider and the person in charge were aware of the statutory requirement to notify the Authority in the event of this. The management structure of the centre has arrangements in place if this were to occur, by nominating a deputy person in charge.

Judgement:

Compliant

Outcome 06: 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.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The designated centre has a policy in place regarding the detection, prevention and correct management of elder abuse. Inspectors reviewed staff training records and confirmed that all training was up to date for staff. Residents spoken to on inspection confirmed that they felt safe within the centre. Staff were able to inform inspectors on the reporting procedure in the event of a suspicion or allegation of abuse. There had been no allegation reported since the last inspection.

Inspectors reviewed the records of residents' finances maintained in the centre. There was a clear account of all charges to the resident. However as stated in outcome 2, inspectors were concerned about the systems in place for informing residents in advance of the cost of such charges. The designated centre collects the pensions for some residents and there was clear documentation in place, accounting for all income received by the resident. The person in charge also co-ordinates the purchase of items such as clothing for some residents, however there was no documentation to support that the residents were consulted or had consented to the particular items.

Judgement:

Non Compliant - Minor

Outcome 07: 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:**Findings:**

The designated centre had policies and procedures in place regarding Health and Safety. Inspectors reviewed training records of staff and confirmed that mandatory training including manual handling training for staff was up to date. Inspectors also observed appropriate manual handling techniques in practice.

There was a record maintained of all incidents and accidents which took place in the designated centre.

There was a risk management policy in place and a risk register; however inspectors observed risks within the centre which had not been identified. For example, slips, trips and residents' falls were generically identified in the safety statement, however specific areas in the centre such as the ramp on the ground floor and to final fire exit doors had

not been identified. There were also various steps throughout the centre which were not identified. Inspectors also observed that the outside grounds were very uneven and posed a risk to the residents based on their needs, however this was also not assessed in the risk register for the accessibility of residents, such as residents who independently utilise a wheelchair. The centre has a designated smoking room in the centre, and the risks associated with this were omitted from the risk register.

There was a visitor's record book maintained in the entrance hall of the building to monitor the persons in and out of the building to ensure the safety of residents. Inspectors were informed that members of the local community attend the centre for mass on a weekly basis, however it was not clear of the systems in place to ensure that all persons entering the building at this time are compliant with signing.

As part of the application to renew the registration of the designated centre under the Health Act 2007, the provider submitted a completed declaration to the Authority, confirming compliance with fire safety regulations. Inspectors reviewed records of the maintenance of fire equipment and confirmed that the appropriate checks were completed in a timely manner. Inspectors were present for the weekly fire alarm test. Inspectors reviewed evidence of fire drills and found that they did not take into account the increased risk present at night based on the reduction in staffing levels. Staffing levels at night were reduced to three personnel. Documentation stated that the building consisted of four fire zones. There was a communal evacuation list in place which stated the zone in which a resident's room was located and their method of evacuation. This list did not state the number of staff required to evacuate a resident in the event of an emergency. In one zone, there were thirteen residents all of whom required assistance. Staff spoken to stated that they would evacuate zone by zone assisting the most ambulant residents first. Due to the absence of evidence to support the fact that in the event of an emergency occurring at night, the current residents could be safely evacuated, inspectors were concerned that the staffing levels at night were not sufficient to support the residents residing in the centre on the day of inspection.

An emergency plan was in place to guide staff in responding to untoward events. The plan outlined the procedure to follow up in the event of fire, flooding and other adverse events. Contingency arrangements were in place should it be deemed necessary to evacuate the building. A place of safety for relocation was identified. The contact numbers for the various emergency services were documented in the plan. A generator was available in the event of a power failure. The Provider informed inspectors that he was contactable by telephone and the relevant numbers were available to staff.

Catering staff had completed training in food hygiene.

There were measures in place to control the spread of infection. These included provision of supplies for personal protective equipment, training for staff in infection control and the availability of policies and procedures relating to infection control. Additional measures in place to control and prevent infection, included arrangements in place for the segregation and disposal of waste, such as clinical waste.

Judgement:

Non Compliant - Moderate

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

As per the action from the last inspection, Inspectors reviewed the medication management charts and found that the drug allergies section was completed. Inspectors observed the medication practices in the centre and found that they were not in line with evidence based practice. The nurse administering the medication signed the administration record for medications administered by other personnel. For example, the medication was handed to a carer who gave the medication to residents and in a separate instance to a nurse colleague to administer. Inspectors also reviewed the prescription records and found that nurses were transcribing medication however they was not following policy and procedure, which increases the risk of medication errors.

The medication management policy of the designated centre addresses the procedure to be undertaken in the event of medication being administered when crushed, However the policy was not implemented in practice. Inspectors observed a medication which had been prescribed to be given orally, was broken in two by the nurse when administering it to the resident. The medication was not prescribed in this form by the G.P.

There was also documentation regarding a prescription being received on the telephone by a nurse, five days prior to the day of inspection. The medication was subsequently administered however there was no evidence of the medication as a written prescription on the day of inspection. The signature of the G.P was not always present once medication was discontinued in the sample of files reviewed.

Inspectors observed some poor hand hygiene practices and found that the medication room had no sink. There was also poor lighting within the room, which increases the risk of medication errors.

A dedicated fridge was used to maintain a cold chain and ensure those medications which required cold storage were stored appropriately. Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations 1984. Nurses kept a register of controlled drugs.

Photographic identification was available on the medication charts for each resident to ensure correct identity of the resident receiving the medication and reduce the risk of medication error.

While medication audits were conducted, audits did not identify areas from improvement, which were identified by inspectors on the day of inspection.

Judgement:

Non Compliant - Moderate

Outcome 09: 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:

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the accident/incident records for the residents. All incidents recorded were submitted to the Chief Inspector in a timely manner.

Judgement:

Compliant

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found evidence that the registered provider had systems in place for reviewing the quality and safety of care provided to the residents. Inspectors found that the primary focus of these systems was to gather information on key clinical performance indicators. However there was not sufficient evidence of analysis of the information and in turn improvements to systems. Reviews were completed through auditing and through a residents' forum. There was inadequate evidence to support that improvements are brought about as a result of learning from the reviews.

There was a yearly report completed which stated that audits had been completed regarding accidents, complaints, medication management, nutrition, behaviours that

challenge and infection control. However the report did not comprehensively demonstrate the results of the audits or the actions taken as a result. Inspectors also reviewed the minutes of the residents' forum and noted that areas of the food provision were mentioned regularly. The inspectors discussed this with the registered provider and person in charge to ascertain if there had been any improvements regarding food and nutrition as a result of the audit and forum. Both stated that there had been, however there was evidence that one adaptation had been made to the menu as a result of residents' meetings.

Judgement:

Non Compliant - Minor

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The policy and practice of wound care management and restraint had improved since the last inspection. There was evidence of assessments being completed for individuals who required bed rails. Although there was evidence that efforts had been made to address the social care needs of residents, inspectors found that there was a higher emphasis on the health care needs of residents. Health assessments were completed of residents on admission to the designated centre in line with evidence based practice.

The assessment and management of pain required significant improvement. There was a pain assessment tool available for assessing residents' pain however inspectors found that it was not utilised for all residents who were prescribed medications for pain management. The person in charge stated that it had been discussed at staff meetings and gave a firm commitment to implement the pain assessment tool immediately.

Of the sample of care plans reviewed, inspectors found that care plans were created following a need being identified in the assessment process. There was evidence that care plans were reviewed three monthly as required by regulation. Daily nursing notes were maintained and reflective of the healthcare needs of residents. The centre had a system in place for recording consultation with residents and/or their relatives. However inspectors determined that they did not consistently demonstrate that the revision of all

care plans were completed following consultation with the residents as required by Regulation 8 (2) (c).

There was evidence of in house training regarding communication and behaviours that challenge however there was little evidence that the factors, in line with evidence based practice, which contribute to alleviating behaviours that challenge were identified, explored and/or implemented on a daily basis. The policy stated that staff would address challenging behaviour as per protocol, however there were no evidence of specific protocols being developed for individuals.

There is a full time activities coordinator in place to address the social care needs of the residents. Residents are also charged €20 per week for the provision of the centre's social program. This is stated in the contract of care. There was evidence in the day room of a weekly schedule of activities which take place and inspectors observed the group activities in practice. The activities coordinator had also completed life stories with the residents which reflected their likes and dislikes. However there was no documented evidence of the residents that attended the activities. The person in charge informed inspectors that the activity coordinator is currently being up skilled in the area of activities for the older person and activities for individuals with dementia. There was no evidence of the receipt of activities for individuals with complex needs who were not in a position to attend the communal activities. Inspectors were verbally informed that they received bed side visits, however there was limited evidence documented in their daily nursing notes or their care plans.

The person in charge described good access to General Practitioner (GP) services. The Inspectors reviewed medical files and found documentary evidence that residents were seen by their GP and at no less than at three monthly intervals, where the GP completed a medical assessment.

Judgement:

Non Compliant - Moderate

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

The nursing home had two actions from the previous inspection stating that a number of

the single and multiple - occupancy rooms did not provide the required standard of personal space for residents. As part of the registration process, the provider submitted confirmation that no building work or developments regarding the structure of the nursing home have taken place since the last registration. The provider had not undertaken any building work to address non compliances identified in reports from 2010 onwards. As stated in the action plan of the last report, the provider is aware of the statutory requirement to ensure that the building is compliant with the regulations by July 2015.

The building consists of two floors, which have thirty two bedrooms in total, for the forty eight residents that the nursing home is registered for. On the day of inspection there were forty four residents residing in the designated centre. The ground floor contains the majority of communal space and bedrooms, and the first floor contains bedrooms and a foyer area by the lift. The first floor is split into two levels, with steps leading to the office and to two bedrooms, a staff changing area and the visitors' room. Considering previous measurements obtained by the Authority, the room measurements submitted to the Authority as part of the application to renew the registration, and through observation on the day of inspection, inspectors found that a number of rooms were not adequately sized to meet the needs of the current residents.

As of the day of inspection there were eight single rooms which must be altered by July 2015. There was also one three bedded room and two four bedded rooms which must be altered to comply with regulations by July 2015. The layout and size of these rooms, impacted on the dignity and privacy of the residents currently residing there. As stated in Outcome 16, inspectors found that residents were not afforded the privacy and dignity to be assisted in personal care needs in a respectful manner. In one of the four bedded rooms, there were two wardrobes between the four residents, which results in residents having to share. As the visitors' room is not accessible to numerous residents, as stated in Outcome 16, this compromises the dignity of a resident if they chose to meet with a visitor in private.

Inspectors observed fold up chairs in some rooms for visitors as there was not enough space for residents to have a chair by their bedside.

Inspectors experienced the corridors to be narrow, measuring one metre in width, with only one person being able to pass at any one time. The ground floor corridor has one hand rail, meaning if a resident had a weakness on one side of their body, there were no other means of support available.

The exterior of the nursing home contains numerous slopes and hills. Inspectors found that the ground was uneven in numerous places and were concerned for residents who have a need identified regarding their mobility.

There was a maintenance person employed for the upkeep of the premises and rosters reviewed reflected that they were employed on a full time basis in the designated centre. On the day of inspection, the maintenance person was present and observed securing a rail by inspectors.

The exterior of the nursing home contains numerous slopes and hills. Inspectors found

that the ground was uneven in numerous places and were concerned for residents who have a need identified regarding their mobility.

Judgement:

Non Compliant - Major

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:

No actions were required from the previous inspection.

Findings:

The designated centre has a complaints policy and procedure in place which is prominently displayed in communal areas of the designated centre. The person in charge is the nominated person to deal with all complaints. The operations manager is the independent person to ensure that all complaints are responded to appropriately. In 2013, there was one written complaint which was investigated both by the HSE and by the operations manager, as per centre policy. The findings in both investigations demonstrated that the issues raised by the complainants were valid. The designated centre implemented safeguards to ensure that similar issues do not arise again.

Judgement:

Compliant

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:

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the End of Life Policy in place within the designated centre. They found that all appropriate areas were addressed. Residents spoken to felt that other residents had received care at the end of their life which was dignified and respectful of

the individual and the other residents. Inspectors viewed a room available for family members to stay overnight if they wished. Inspectors expressed concerns to the provider and person in charge over the needs of the residents in the multi - occupancy rooms being appropriately met. Both assured inspectors that all efforts are made to ensure that individuals have a choice of a single room where reasonably practicable when dying. Inspectors also reviewed evidence of specialist palliative care services being available if needed and evidence in care plans addressing the wishes of residents. There is a chapel on site and the operations manager spoke with inspectors regarding the designated centre facilitating the wants of a resident and their family in the designated centre.

Judgement:

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:

No actions were required from the previous inspection.

Findings:

The designated centre has a policy in place for the monitoring and documentation of nutritional intake. Review of documentation and speaking with the person in charge demonstrated that there are robust systems in place to monitor the nutritional needs of residents. Inspectors reviewed individual care plans, which demonstrated that a nutritional assessment takes place on admission, which is followed up with residents being weighed monthly. An appropriate tool is utilised to monitor the nutritional status of an individual. In the event of a resident being identified as at risk, there was evidence of appropriate referrals taking place.

Inspectors observed the dining experience for residents and shared a meal with the residents. There was a choice of two meals available on the day of the inspection and residents reported the food as being good. Inspectors also witnessed tea, coffee and soup being available between breakfast and dinner for the residents. Inspectors found the dining room to be bright and pleasant and staff engaging respectfully with residents. There were twenty three residents in the dining room for dinner. Inspectors observed residents who required support to eat their meal, waiting up to twenty minutes from entering the dining room to being assisted. Residents who did not require assistance entered the dining room after residents with higher dependency needs and were served their food first. This resulted in residents who required support having an undue wait for their meal.

Catering staff demonstrated to the Inspector the systems in place to ensure that the residents' specific dietary needs were being catered for.

Judgement:

Non Compliant - Minor

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was evidence available on inspection that the views of residents are sought by the designated centre. The designated centre has a policy for communication in place. Residents' meetings take place twice per year, with one resident chairing the meetings. There was also evidence that internal training has taken place regarding appropriate methods of communication. There was evidence that action was taken as a result of the meetings.

Questionnaires completed by relatives confirmed that they were kept informed by the staff. It was noted in resident files and on accident and incident records that staff informed relatives of residents when an incident occurred which affected their relative.

There was also evidence of resident satisfaction surveys being completed. Inspectors found limited evidence that the choice of food on the menu was as result of the wishes of the residents and were concerned over the limited choice at breakfast. Inspectors reviewed documentation which predetermined the residents' breakfast. Staff informed inspectors that this was completed as a result of their knowledge of the individuals.

There is a visitors' room available for residents to meet in private with visitors, however due to the location, the visitors' room is not accessible to a number of residents as there are four steps to access it. Inspectors were not satisfied that non - ambulant residents in multiple occupancy rooms were provided with an area to meet visitors in private.

Inspectors were also not satisfied that due to the layout and the number of residents residing in the centre that all residents receive care in a dignified way that respects their privacy. There was a window panel between two bedrooms on the ground floor which allows one resident to see into another resident's private space. Inspectors also viewed limited space between the curtains and the beds in multiple occupancy rooms. Therefore other residents in the room would be aware of any personal care needs being attended

to.

There was also no signage on doors indicating no entry when personal care was taking place.

There were good communication in place for staff, such as meetings which included all staff. Inspectors observed the morning handover from the staff nurse on duty at night to the night staff on duty for the following day. Inspectors also observed this information subsequently being handed over to the care staff. There was a diary and communications book also in place.

Judgement:

Non Compliant - Moderate

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:

No actions were required from the previous inspection.

Findings:

Due to the multiple occupancy rooms in the centre, inspectors were not satisfied that there was adequate space for residents' personal possessions as discussed in Outcome 12. Inspectors reviewed the records of personal property and confirmed that this occurs on admission and is audited twice a year. However not all relatives or their representative signed the record.

Inspectors reviewed the laundry facilities and confirmed that appropriate systems were in place to control infection. The designated centre utilises a tagging system to safeguard residents property, however inspectors found that not all clothing checked was tagged.

Judgement:

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.

Theme:

Workforce

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

As part of the application for the renewal of registration, the provider submitted the staffing numbers and skill mix to the Authority. On the day of inspection, this information accurately reflected the staffing within the nursing home. The roster reflected that there is a nurse on duty at all times. Inspectors reviewed the training records of the staff and it was clear that all staff had received mandatory training. This was also reflected on the day of inspection, through observation of the manual handling techniques of staff and discussing the actions that should be taken in the event of a fire with staff.

Inspectors observed staff to be respectful of residents on the day of inspection. There is a recruitment policy in place and the person in charge demonstrated comprehensive knowledge of the induction policy. The person in charge also demonstrated the system in place for supervision of all staff. As stated in Outcome 4, staff files reviewed had the appropriate documents required by Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Inspectors were not satisfied on the day of inspection that the number of staff available was sufficient to meet the needs of the resident. As stated in Outcome 15, Inspectors observed residents having to unduly wait in the dining room for approximately twenty minutes for their meal after being assisted to their seat. Inspectors also observed the supervision levels in the lounge area throughout the inspection and noted that residents were unsupervised and on two occasions noted that there were no staff present for at least ten minutes.

The pre-inspection questionnaires submitted to the Authority also stated that residents have to wait for their personal care needs to be met at times. Through discussion with staff, it became apparent that the majority of residents received a bath or a shower on a weekly basis. However, staff stated that residents' hygiene needs are met in their bedrooms on a daily basis and if a resident requested to have a shower or bath more frequently that this would be facilitated. As stated in Outcome 7, staffing levels reduced from 21.00 hours to 08.00 hours. The roster stated that there was one staff nurse and two carers on duty at night. The evidence available on inspection did not support that, based on the current needs of residents, staff could safely evacuate the relevant zone within an appropriate time frame at night.

Inspectors received the names and corresponding pin numbers for all staff nurses employed in the designated centre and confirmed that each were registered with An Bord Altranais.

All staff had completed mandatory training as detailed in the report under Outcome 6 and 7. There was a training schedule in place for staff. Based on the findings from Outcome 7 and Outcome 8, the person in charge needs to ensure that staff have access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.

Judgement:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

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