

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Villa Marie Nursing Home
Centre ID:	OSV-0000437
Centre address:	Grange, Templemore Road, Roscrea, Tipperary.
Telephone number:	0505 231 97
Email address:	catherinequealy@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Villa Marie Nursing Home Limited
Provider Nominee:	Catherine Quealy
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	20
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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 April 2016 09:30	04 April 2016 17:00
05 April 2016 09:30	05 April 2016 15:00

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

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

Summary of findings from this inspection

This report sets out the findings of a monitoring inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate. The provider had applied to vary the conditions of registration to increase the maximum number of residents who can be accommodated in the centre from 23 to 31. This inspection was announced and took

place over two days. As part of the inspection the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall, the inspector found that the provider/person in charge continued to demonstrate a high level of commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations and the National Quality Standards for Residential Care Settings for Older People in Ireland.

There was evidence of good practice in all areas. The provider/person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

On the days of inspection, the inspector was satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. The inspector observed sufficient staffing and skill mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Building works and refurbishment of the centre was in progress. Phase 1 of the building works was completed, phase 2 was in progress and due to be completed by May 2016, phase 3 (refurbishment of the existing centre) was due to be completed by June 2016. The provider agreed to submit a detailed transition plan for residents moving into the new extensions including staffing levels, risk management, communication with residents/representatives and how disruption to residents will be minimised.

Improvements were required to clearly setting out the fees in the contract of care, risk management and completing the building works.

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

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 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the recently updated statement of purpose dated 8 March 2016 which was submitted in advance of the inspection. It complied with the requirements of the Regulations. The statement of purpose accurately reflected the services and facilities; along with the aims, objectives and ethos of the centre.

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):

No actions were required from the previous inspection.

Findings:

The provider had established a clear management structure. The provider was also the person in charge and worked full time in the centre. A senior nurse deputised in the absence of the person in charge. There was an on call out of hours system in place.

Systems were in place to review the safety and quality of care. Regular audits were carried out in relation to incidents, falls, medication management, complaints, care planning and assessments and these were used to inform the annual review of the safety and quality of care delivered to residents. Results of audits were discussed with staff to ensure learning and improvement to practice.

There was evidence of consultation with residents and their representatives. Monthly residents meetings were held and facilitated by the activities coordinator. Minutes of meetings were recorded. The inspector reviewed the minutes of recent meetings and noted that issues such as daily routines, meal times, personal care needs, laundry service, food quality, service, portion size and presentation as well as activities were discussed. Resident quality satisfaction surveys were completed regularly, the results of which indicated high satisfaction with the service provided. Residents spoken with told the inspector that they had been consulted with and kept up to date regarding the new building extension. Some residents had visited the recently completed section and some who had chosen to move to the new bedrooms told the inspector that they were looking forward to moving. There was evidence that both residents and their relatives were involved in the development and review of their care plans.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
The centre had a resident's guide which was available to residents and visitors, it was displayed in a prominent place. The guide contained all information as required by the Regulations.

Contracts of care were in place for all residents. The inspector reviewed a sample of contracts of care. They included the services to be provided and details of additional charges, however, the fees were not clearly set out.

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

<i>the service.</i>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The person in charge was also the provider and was engaged in the centre on a full time basis. She had the required experience in the area of nursing the older adult and had been involved in running the centre for the past 18 years. The person in charge was knowledgeable regarding the Regulations, the Authority's Standards and her statutory responsibilities. She demonstrated very good clinical knowledge.</p> <p>The inspector observed that she was well known to staff and residents. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was readily available.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 05: Documentation to be kept at a designated centre</i> <i>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.</i></p>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector was satisfied that records as required by the Regulations were maintained in the centre.</p> <p>All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and kept in a secure place.</p>

All policies as required by Schedule 5 of the Regulations were available. Systems were in place to review and update policies. Staff spoken with were familiar with the policies which guided practice in the centre.

The inspector reviewed the directory of residents and noted that it complied with the requirements of the Regulations.

The inspector reviewed a sample of staff files which contained all of the information as required by the Regulations.

Judgment:
Compliant

Outcome 06: 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:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge and senior nurse were aware of the requirement to notify the Chief Inspector of the proposed 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):
No actions were required from the previous inspection.

Findings:

The provider/ person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

There were comprehensive policies on prevention, detection and responding to allegations or suspicions of abuse. Staff spoken with described clearly what they would do if they suspected abuse and were knowledgeable regarding their responsibilities. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse. Residents spoken to told the inspector that they felt safe in the centre.

The person in charge told the inspector that they did not manage the finances of any resident but small amounts of money were kept for safe keeping on behalf of a small number of residents. Records were clearly maintained on the computerised system. Individual balance sheets were maintained for each resident and all transactions such as lodgements and withdrawals were clearly recorded. Receipts were issued for all transactions. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items.

The inspector reviewed the policies on responding to behaviours that challenge and use of restraint. The policy on behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The inspector reviewed the file of a resident who presented with behaviours that challenged and noted a detailed, person centered care plan outlining clear guidance for staff.

The policy on restraint was based on the national policy 'Towards a restraint free environment' and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible.

Staff promoted a restraint free environment. There were two residents using bedrails at the time of inspection, some at the resident's own request. The inspector noted that risk assessments for the use of bedrails, alternatives tried or considered and care plans were documented in all cases. Staff carried out regular checks on residents using bedrails and these checks were recorded.

Staff had completed training on dealing with violence and aggression and the use of restraint. Further training was scheduled later in 2016.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Residents spoke highly of staff and stated that they were happy and felt safe living in the centre.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and

Theme:

Safe care and support

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

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

Findings:

The inspector was satisfied that risk management was generally well managed and issues identified at the previous inspection had been attended to, however, some additional risks were noted during the inspection.

There was a health and safety statement available. The inspector reviewed the risk register and found it to be comprehensive and had been reviewed and updated following the last inspection. All risks specifically mentioned in the Regulations were included. Risks identified at the previous inspection had been addressed. The provider/person in charge had engaged a health and safety consultant who had carried out a risk assessment for building/structural improvement works which were taking place on site.

The inspector noted some risks during the inspection which were brought to the attention of the provider/person in charge. The laundry and sluice room areas were not secure. Some cleaning chemicals in use were stored in open type containers, some cleaning chemicals in use were stored in unlabelled spray bottles and the cleaning trolley which contained cleaning chemicals was left unsupervised at times in public areas. These posed a potential risk to residents and visitors.

The inspector reviewed the emergency plan which included clear guidance for staff in the event of a wide range of emergencies such as power outage, loss of water supply, heat outage, flooding and included the arrangements for alternative accommodation should it be necessary to evacuate the building.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken to confirmed that they had received training. The inspector observed good practice in relation to moving and handling of residents during the inspection.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in June 2015 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in March 2016. Systems were in place for weekly testing of the fire alarm and these checks were being recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken to told the inspector that they had received recent fire safety training. Training records reviewed indicated that all staff had received up-to-date formal fire safety training.

Handrails were provided to all circulation areas and grab rails were provided in all toilets

and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

The inspector noted that infection control practices were generally robust. There were comprehensive policies in place which guided practice. Hand sanitising dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. The building was found to be clean and odour free.

The inspector spoke with housekeeping staff regarding cleaning and laundry procedures. Staff were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals. All staff had attended recent infection control training. The provider outlined plans to increase the size of the laundry in phase 3 of the building works to include a separate area for the storage of clean linen.

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):

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

Findings:

The inspector found evidence of good medication management practices and sufficient policies and procedures to support and guide practice. The policy had been updated following the last inspection to include guidance on ordering and transcribing.

The inspector spoke with a nurse on duty regarding medication management issues. The nurse demonstrated her competence and knowledge when outlining procedures and practices on medication management.

Medications requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspector reviewed a sample of medication prescribing/administration sheets. All medications were regularly reviewed by the general practitioners (GP). All medications including medications that were required to be crushed were individually prescribed.

Systems were in place to record medication errors which included the details, outcome

and follow up action taken. There were no recent medication errors.

Systems were in place for the safe return of unused/out-of-date medications to the pharmacy.

Regular medication management audits were carried out by the pharmacist. Staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice. The inspector reviewed recent audits and no significant issues had been identified. Some nursing staff had recently completed medication management training updates while further training was scheduled for September 2016.

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):

No actions were required from the previous inspection.

Findings:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

The person in charge had put in place a system for recording, investigating and learning from incidents and accidents. Details of the incident were well recorded including the immediate and follow up action taken.

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):

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

Findings:

The inspector found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. Issues raised relating to nursing documentation during the last inspection had been addressed.

All residents had access to a choice of general practitioner (GP) services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes.

The inspector reviewed a number of residents' files including the files of residents with restraint measures in place, at high risk of falls, nutritionally at risk and presenting with behaviours that challenge and with communication issues. There were no residents with wounds at the time of inspection.

Comprehensive up-to-date nursing assessments were completed. A range of up-to-date risk assessments had been completed including nutrition, dependency, manual handling, bedrail use and skin integrity. Care plans were found to be person-centred, individualised and clearly described the care to be delivered. Care plans were in place for all identified issues. Care plans had been reviewed and updated on a regular basis. Systems had been introduced to record evidence of residents/relatives involvement in the development and review of their care plans.

The inspector was satisfied that weight loss was closely monitored; residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and/or SALT. Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed.

The inspectors reviewed the files of residents who were at high risk of falls and some who had fallen recently. There was evidence that falls risk assessments and falls care plans in place were updated post falls. Additional measures including low low beds and crash mats had been put in place for some residents.

There was evidence that the person in charge and staff had actively promoted the reduction in the use of restraint. See Outcome 7 Safeguarding and safety.

Staff continued to provide meaningful and interesting activities for residents. Each resident had an activities assessment completed by the centres activities co-ordinator, who was in the centre Monday to Friday 10am to 4pm. The monthly activities schedule was displayed in the reception area and in residents bedrooms. The activities coordinator facilitated both group and 1:1 activities. Staff were observed interacting with residents as they performed their work duties and facilitating planned activities. The inspector observed residents enjoying a variety of activities during the inspection including arts and crafts and a live music session. Other activities that took place regularly included bingo, quizzes, board games, live music sessions as well as visits from a local school children choir, Irish dancers and members of the Legion of Mary. Many of the residents actively partook while others stated that they enjoyed listening and looking on. Residents spoken to told the inspector that they enjoyed the variety of activities taking place. Some residents liked specific activities such as knitting and card playing and these were encouraged and facilitated. Photographs of the residents enjoying recent activities were displayed in reception area and in photo albums. Residents artwork was displayed throughout the center. Residents enjoyed regular coffee morning outings to a local restaurant where they socialised with members of the community and residents from another local centre.

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 in line with the statement of purpose. It was warm, clean and odour free throughout. The provider had continued to invest financially in the building. Building works, several extensions and refurbishment of the centre was in progress in order to fully meet the requirements of the Regulations. The provider/person in charge has applied to vary the conditions of registration in order to increase the capacity of the maximum number of residents who could be accommodated in the centre from 23 to 31. The person in charge/provider planned to close the two first floor bedrooms and re accommodate those residents in the new ground floor extension.

The provider agreed to submit a detailed transition plan for residents moving into the new extensions including staffing levels, risk management and how disruption to residents will be minimised.

Phase 1 of the building works which included four single and one twin bedroom with en suite shower facilities, equipment store and wheelchair accessible toilet was completed. The extension had been designed and finished to a high standard. The inspector noted that grab rails were not yet provided to all en suite bathrooms and circulation corridor. The provider advised the inspector that magnetic self closers connected to the fire alarm were yet to be fitted to bedroom doors.

Phase 2 of the building works which included four single en suite bedrooms, sluice room, cleaners room, visitors room, extension to kitchen and dining room, treatment room and staff facilities was in progress and due for completion in May 2016.

Phase 3 of the building project which included refurbishment of the existing building such as upgrading of floor coverings, replacement of internal doors, repainting, upgrading of furniture and soft furnishings is due for completion in June 2016.

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):

No actions were required from the previous inspection.

Findings:

The inspector found evidence of good complaints management.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed and contained all information as required by the Regulations including the name of the complaints officer and details of the appeals process.

The inspector reviewed the complaints log which was maintained on the computerised system. There were no open complaints. The details of one recent complaint were recorded along with actions taken. All complaints to date had been investigated and responded to and included complainants' satisfaction or not with the outcome.

Judgment:

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(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre.

There was an end-of-life policy in place. Staff confirmed that support and advice was available from the home care team and local hospice care team.

End of life care needs and wishes were discussed with residents and their representatives. The inspector found that end of life care plans in place were very specific, very personal and very meaningful to the resident to whom they pertained.

Most staff members had attended 'What matters to me ' end of life training during 2014. Further end of life training was scheduled for August 2016.

Religious and cultural needs were identified and choice of priest documented. There was a mobile oratory in place and regular visits of clergymen of different denominations, specific to the needs of the residents.

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:

Residents were offered a varied nutritious diet. The quality and presentation of the meals were of a high standard and a number of the residents told inspectors that the food was always very good. Some residents required special diets or modified consistency diets and these needs were met. The inspector spoke with the chef who was knowledgeable regarding residents special diets, likes and dislikes.

Residents stated that food, drinks and snacks were available to them at all times. A variety of hot and cold drinks were available throughout the day. Staff were observed offering and encouraging drinks throughout the days of inspection. The inspector saw a variety of home-cooked food being served throughout the days of inspection including scones and apple tarts.

The menus were displayed and offered a choice at every meal.

The inspector observed the dining experience and noted it to be a pleasant one. Meals were served in the bright dining room. The table settings were attractive with tablecloths, table mats, condiment sets, sauces, butter and serviettes provided. A choice of drinks was offered. The atmosphere during dinner was relaxed and unhurried. It was seen to be a opportunity for social interaction with good banter and plenty of chat between residents and staff about news items, local events and sports. Staff were observed to sit beside residents who required assistance with their meals while encouraging other residents to eat independently. Nursing staff monitored the meal times closely. Some residents preferred to have their meals in their bedrooms while others told the inspector that they preferred to have their meals at an alternative time and this was always facilitated.

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):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that the centre was run and managed in consultation with residents and in a manner that maximised their independence. This is discussed further under Outcome 2 Governance and management.

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. The inspector observed that residents were always referred to by their first name and politely asked if they needed anything, given choices around what they would like to do, where they would like to sit, what they would like to eat and drink, reassured and reoriented when they were upset or confused. The inspector noted that the privacy and dignity of residents was well respected. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Residents spoken to confirmed that their privacy was respected.

Staff paid particular attention to residents' appearance and personal hygiene and were observed to be caring towards the residents. Many residents spoken to praised the staff stating that they were kind and treated them with respect.

A number of the questionnaires completed by family members by way of feedback to the Authority confirmed that the centre made every effort to maintain residents' independence.

Residents' religious and political rights were facilitated. Mass was celebrated weekly in centre and residents were visited daily by a Eucharistic Minister. The person in charge told the inspector of arrangements in place for residents of different religious beliefs. She also told the inspector that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during recent elections. Staff and residents confirmed that there are no set times or routines in terms of when a resident must get up in the morning or go to bed at night. Residents had a choice of having their meals in the dining room, at a chair in the day room or in their bedroom.

There was an open visiting policy in place. A separate visitors space was in the process of being provided. Residents had access to the centre's cordless phones and many residents had their own mobile handset devices. Staff were aware of the different communication needs of residents and care plans set out the ways in which those who had a communication impairment required intervention.

The centre was part of the local community and residents had access to radio, television and the internet. Daily and regional newspapers were provided. Many residents told the inspector how they enjoyed reading the daily newspapers.

Staff outlined to the inspector how links were maintained with the local community. Some residents went home at the weekends while others attended special family occasions. Local theatre groups, choirs and musicians visited regularly. Celebrations took place at times like Christmas, St. Patrick's Day, Easter and for residents' birthdays. Residents attended coffee mornings fortnightly. Residents listened to local radio stations and read local newspapers to keep up to date with events in the community.

Judgment:
Compliant

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):

No actions were required from the previous inspection.

Findings:

There was a laundry room with ample space for washing/drying and sorting of residents' clothing. The inspector noted that good care was taken of residents' personal laundry. Residents were satisfied with the laundry arrangements.

Adequate personal storage space including a wardrobe and chest of drawers was provided in residents' bedrooms.

Judgment:

Compliant

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):

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

Findings:

During the inspection, staffing levels and skill mix were sufficient to meet the assessed needs of residents. A staff nurse and four care assistants were on duty during the morning, one nurse and two care staff were on duty during the afternoon and evening, one nurse and one care assistant was on duty at night time to meet the needs of 20

residents. In addition, the person in charge worked during the day time Monday to Friday. Staffing rosters viewed and staff spoken with confirmed that the person in charge brought in extra staff when there was a change in residents' needs. Residents and staff spoken with were satisfied that there were adequate staffing levels and skill mix.

The inspector was satisfied that safe recruitment processes were in place. There was a comprehensive recruitment policy in place based on the requirements of the Regulations. Staff files were found to contain all the required documentation as required by the Regulations. There was now documentary evidence of verification of the authenticity of references. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up-to-date for all staff nurses. Details of induction/orientation received, training certificates and appraisals were noted on staff files.

The management team were committed to providing ongoing training to staff. There was a training plan in place for 2016. Staff had recently completed training in elder abuse, infection control, food hygiene, managing challenging behaviour and fire safety. Further training was scheduled in continence care, restraint, nutrition and hydration, end of life, medication management, managing challenging behaviour and wound management.

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:

Mary Costelloe
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:	Villa Marie Nursing Home
Centre ID:	OSV-0000437
Date of inspection:	04/04/2016
Date of response:	25/04/2016

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 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 fees were not clearly set out in a sample of contracts reviewed.

1. 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.

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

Please state the actions you have taken or are planning to take:
Fees now clearly outlined in contract of care

Proposed Timescale: 25/04/2016

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:

The laundry and sluice room areas were not secure. Some cleaning chemicals in use were stored in open type containers, some cleaning chemicals in use were stored in unlabelled spray bottles and the cleaning trolley which contained cleaning chemicals was left unsupervised at times in public areas. These posed a potential risk to residents and visitors.

2. Action Required:

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

Key pad fitted to doors of laundry and sluice area. All solutions in closed containers and spray bottles labelled. Trolley no longer left unsupervised in public areas

Proposed Timescale: 25/04/2016

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:

Building works, several extensions and refurbishment of the centre was in progress in order to fully meet the requirements of the Regulations. The provider agreed to submit a detailed transition plan for residents moving into the new extensions including staffing levels, risk management and how disruption to residents will be minimised.

Phase 1 of the building works which included four single and one twin bedroom with en suite shower facilities, equipment store and wheelchair accessible toilet was completed. The inspector noted that grab rails were not yet provided to all en suite bathrooms and circulation corridor. The provider advised the inspector that magnetic self closers connected to the fire alarm were yet to be fitted to bedroom doors.

3. 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:

It is expected that most residents availing of the new beds will be new admissions with the exception of two residents in-house. Staffing levels will be increased as the numbers increase and on dependency levels. Disruption will be minimised with forward planning around nursing home schedule not commencing work until 8.30am and 9.30am where noise is envisaged dust barriers will be erected at appropriate places and all appropriate signage used regular consultation with residents and their families on an ongoing basis. All appropriate health and safety steps to be followed. Transition plan as enclosed

Proposed Timescale: Full building projected finishing end of June 2016 Magnetic self closers will be fitted to all doors in phase one and completed by the 29/4/2016. Grab rails all fitted to the bathroom areas complete in phase 1 grabrails to the circulation area will be completed by the 29/4/16

Proposed Timescale: 30/06/2016