

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Attracta's Nursing Home
Centre ID:	0386
Centre address:	Hagfield
	Charlestown
	County Mayo
Telephone number:	094-9254307
Email address:	info@stattractas.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	St. Attracta's Nursing Home
Person authorised to act on behalf of the provider:	Kathleen Donohue
Person in charge:	Alison Moore
Date of inspection:	14 June 2013
Time inspection took place:	Start: 09:30 hrs Completion: 15:00 hrs
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	65
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 their 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
- 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with 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*.

This inspection report sets out the findings of a monitoring inspection, in which 12 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input checked="" type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input checked="" type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input type="checkbox"/>
Outcome 14: End of Life Care	<input checked="" type="checkbox"/>
Outcome 15: Food and Nutrition	<input checked="" type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

Section 41(1)(c) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This report sets out the findings of an unannounced monitoring and compliance inspection, which took place on the 14 June 2013. It was the fourth inspection of this centre. The purpose of the inspection was to review the action plan from the previous inspection and assess compliance with the requirements of the Health Act,

2007, 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*. The inspector found substantial compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

As part of the inspection the inspector met with residents, relatives, person in charge and staff members during the inspection. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, restraint records, policies and procedures and staff files. Residents and relatives reported positive outcomes with regard to the service provision and the experience of day-to-day living in the centre.

Residents appeared relaxed, comfortable and at ease with staff. It was evident that staff members had a good understanding of what was important to each person and how to care for them. Residents informed the inspector that they were happy living in the centre. Residents said that they felt safe and that if they had a concern, they could speak to the Person in Charge or any staff member. All residents spoken to said they enjoyed their food. Comments included; "I am fine and being looked after well" and "I have no complaints at all, the staff are really kind." Visiting relatives informed the inspector that "the staff are very friendly and keep you informed" and "they really looked after their loved one and it was the little things they done that really showed they cared." As a result of the findings on this inspection the inspector formed the opinion that residents enjoyed living in the centre, their rights with regard to privacy and dignity were respected and they were protected from abuse.

The person in charge and the recently appointed risk manager "walk the floor" on a regular basis to make sure everything is going well. Residents and relatives forums are held regularly and the person in charge described to the inspector how any issues that arise are addressed.

The inspector reviewed the four action areas with five associated actions required from the previous inspection of 5 July 2012 and found that the person in charge, provider and staff had worked hard in addressing the required actions. Three actions were completed and one action was not completed, this action related to the provision of insurance for residents property which complies with current legislation. The key measures taken since the previous inspection included:

- mandatory training for all staff was up-to-date and a range of staff training in other areas had been provided
- review of fire safety management to ensure the risk minimisation in the event of a fire
- further development of risk management policy and procedures including the appointment of a health and safety/risk management officer
- skill mix of staff was appropriate to assessed needs
- staff rotas were available and were clear and legible.

The following improvements require review:

- continued access to occupational therapy

- review of the statement of purpose to ensure compliance with current legislation
- insurance of residents property does not comply with current legislation
- staff files did not contain all required documentation.

Improvements required complimenting and extending findings of good practice are described in the report and related actions are set out in the Action Plan at the end of the report.

Theme: Leadership, Governance and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

There is a written statement of purpose that accurately describes the service 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.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings:

The inspector found that improvements were required in this area. A required action is contained in the action plan at the end of this report. This was evidenced by the following findings.

The inspector reviewed the centres' statement of purpose which had been revised recently to reflect personnel changes at the centre. The Inspector was satisfied that it accurately described the services provided in the centre but required further review to ensure compliance with current legislation. Omissions noted included:

- arrangements to reflect the fire precautions and associated emergency procedures to be adapted in the centre
- details of any therapeutic techniques used in the centre and arrangements made for their supervision
- arrangements made for respecting the privacy and dignity of residents.

Outcome 3

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

References:

Regulation 15: Person in Charge
Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings:

The inspector found that the centre was substantially compliant with current legislation in this area. This was evidenced by the following findings.

Alison Moore is the person in charge. She is a registered nurse and has extensive experience in the area of nursing older people and worked full-time in the centre. She completed a Post Graduate certificate in Health Service Management in 2003. She normally worked Monday to Friday and she was on call out-of-hours and at weekends. A senior nurse deputised in the absence of the person in charge.

The person in charge demonstrated good clinical knowledge and she was knowledgeable regarding the Regulations, the Authority's Standards and her statutory responsibilities.

She demonstrated strong leadership and good communication with her team and was committed to providing a high quality service to residents. She was knowledgeable of residents needs and was known by residents in the centre.

The person in charge maintained her professional development and had recently attended courses and study days in:

- manual handling
- fire safety
- adult protection
- cardio pulmonary respiration (CPR) and defibrillator training
- policies procedures and guidelines development
- understanding blood results of older people in the community
- medication management
- health, safety and fire management in residential care facilities.

There were appropriate arrangements in place for the absence of the person in charge. The two clinical nurse managers deputise for the person in charge. The inspector was informed that there have been no absences of the person in charge for such a length that required notification to the Chief Inspector.

Outcome 4

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).

References:

Regulations 21-25: The records to be kept in a designated centre
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings:

**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Staffing Records

Substantial compliance

Improvements required *

Put in place recruitment procedures to ensure no staff member is employed unless the full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

Insurance Cover

Substantial compliance

Improvements required *

Put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).

Inspection findings:

The inspector found that improvements were required in this area. A required action is contained in the action plan at the end of this report. Response to previous actions and current evidence of compliance are outlined below.

At the time of the last inspection the inspector found that Garda Síochána vetting and verified photograph identification were not available for all staff employed in the centre. On this occasion, the inspector found that these were available for all staff employed. However, verified evidence that the staff member is physically and mentally fit for the purposes of the work that they are to perform at the designated centre was not available on all staff files reviewed.

The provider had insurance cover for residents' items to a maximum value of €1,500, even though the regulations state €1,000 per item. The person in charge explained that they had tried to obtain insurance to comply with the regulations but their insurance company would not support this.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

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.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings:

The inspector found that the centre was substantially compliant with current legislation in this area. This was evidenced by the following findings.

Residents were protected from the risk of abuse because the provider and person in charge had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The centre had an adult protection procedure that complied with relevant legislation and good practice guidelines. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm. The person in charge informed the inspector that she regularly reminds all staff of their responsibility to report abuse to ensure resident's care and welfare is protected. Staff could clearly describe to the inspector what constitutes abuse and were aware of what to do in the event of an allegation, suspicion or disclosure of abuse.

All staff had received training in recognising abuse and how to report an incident of abuse or allegation of abuse. There were effective recruitment and selection processes in place and all staff had verification of Garda Síochána vetting on their staff files.

Residents informed the inspector they feel safe in the centre and attribute this to "there is always someone around" and the fact that "staff work in the centre 24 hours a day". There was evidence available that where there was a recent allegation of abuse that this had been appropriately investigated in line with the centre's policy.

The centre had a policy on management of residents' finances but did not manage any of the of resident's finances at the time of this inspection.

Outcome 7

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

References:

Regulation 30: Health and Safety

Regulation 31: Risk Management Procedures

Regulation 32: Fire Precautions and Records

Standard 26: Health and Safety

Standard 29: Management Systems

Action(s) required from previous inspection:

Remove all door wedges in fire doors and make adequate arrangements for containing and extinguishing fires including adherence with fire regulations in relation to the management of designated fire doors.

Take all reasonable measures to prevent accidents to any person in the designated centre.

Inspection findings:

The actions required from the previous inspection were satisfactorily implemented. The response to previous actions are outlined below.

At the time of the last inspection the provider was requested "to make adequate arrangements for holding designated fire doors ajar that does not impact on their function of containing fires in the event of a fire." All doors have been fitted with a sound activated closing mechanism so as when the fire alarm sound these doors close automatically.

At the time of the last inspection "the provider was requested to ensure that all toilet seats are secure and at an appropriate height for the residents to use safely." Toilet seats have been secured and handrails are available in all toilets to assist residents with maintaining their independence and to enhance safety for residents.

The inspector found that the centre was substantially compliant with current legislation in this area. This was evidenced by the following findings:

A new post of Human Resources and Health and Safety and Risk Management has been created at the centre and the person is in post since April 2013. The inspector met with this officer and she outlined what her role would entail. She had commenced reviewing all risk management procedures in the centre and had plans in place to audit all of the current procedures in the centre. To date she had reviewed the accident and incident form to ensure that all relevant information was recorded and a review of learning from the findings of the incident was included.

There were systems in place to manage risk. Policies and procedures relating to health and safety including an updated health and safety statement were in place. An emergency plan was in place and contingency arrangements were in place to relocate to a place of safety should the need arise. The risk register was kept up-to-date and detailed the risk, the current controls in place to minimise the risk and any additional controls required to reduce and manage the risk to ensure residents are protected. Risk assessments were carried out and kept under review so the people who lived at the centre were safeguarded from unnecessary hazards.

All staff had attended training in manual handling and in the use of hoists. All staff had also received training on the safety statement and risk management procedures. Staff spoken with were knowledgeable about the safe movement of residents using hoists.

Measures in place to prevent accidents included handrails, grab-rails and safe floor covering. Records were kept of accidents and injuries in the centre. The person in charge assessed the information provided and appropriate investigations were carried out.

Overall, fire safety was well managed. Staff described how they would evacuate residents from the affected zone by lateral evacuation. Procedures for fire detection and prevention were in place. Smoke detectors were located in all bedrooms and general purpose areas. The inspector reviewed service records which showed that the fire alarm system, emergency lighting and fire equipment were monitored regularly. An individual evacuation plan was available for each resident. The inspector found that all fire exits were clear and unobstructed on the day of inspection. The Person in Charge informed the inspector that all fire exits are checked twice daily to ensure they are unobstructed. A record was maintained of this procedure.

The inspector viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff.

Fire drills were being undertaken in the centre and the person in charge informed the inspector that a fire drill was planned for next week. A mock evacuation with minimum staffing levels (five staff) is planned. The purpose of this exercise was to ensure that when minimum levels of staff are on duty this does not compromise the safety of residents.

Outcome 8

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

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings:

The inspector found that the centre was substantially compliant with current legislation in this area. This was evidenced by the following findings.

Overall, the inspector found residents were protected by the centre's policies and procedures for medication management and practices were generally good.

There were comprehensive medication management policies in place, they suitably guided staff practice and met the requirements of the Regulations. Nursing staff had completed medication training and the pharmacist delivers on-going medication management training in the centre. Staff spoken with were aware of procedures for the safe administration of medication. The centre had recorded a medication error. The inspector spoke with the person in charge and reviewed the investigation with regard to this incident. The investigation had been carried out immediately. All safety procedures with regard to this incident were put in place for example, review by GP, obtaining specialist advice, one to one supervision by staff for 12 hours and discussion and training for staff.

Medications requiring secure storage and stricter controls were being safely stored in accordance with the Misuse of Drugs (Safe Custody) Regulations 1984. Controlled drugs were being securely stored and stock checks were carried out and recorded at each hand over time, so any discrepancies would be promptly identified.

Audits of medication prescription, administration and recording were carried out by the person in charge in conjunction with the pharmacist and the general practitioner (GP) at three monthly intervals but there was poor individual resident documentation in the medical files reviewed. However, the medication charts were reviewed and rewritten at three monthly intervals.

Outcome 9

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

References:

Regulation 36: Notification of Incidents
Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings:

The inspector found that the centre was substantially compliant with current legislation in this area. This was evidenced by the following findings.

Practice in relation to notifications of incidents was satisfactory. All reportable incidents that had occurred in the designated centre since the previous inspection had been notified to the Chief Inspector as required. The person in charge had recently completed a thorough investigation with regard to an allegation of abuse by a residents and misconduct by staff. It was clear from notifications received where staff had witnessed poor care practices by staff that they reported these to the person in charge who in turn investigated same. Depending on the outcome of this investigation, measures were enacted for example, dismissal of staff or disciplinary procedures.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 11

Each resident's 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 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.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan

Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Action(s) required from previous inspection:

Facilitate each resident's access to occupational therapy, clinical nutrition and speech and language therapy as required by each resident.

Inspection findings:

The action required from the previous inspection was satisfactorily implemented. The response to previous actions are outlined below.

The inspector found that residents had been referred to speech and language therapy services and occupational therapy. Evidence of these referrals was recorded in the care records. The dietician attends the service as requested and at regular intervals.

The inspector found that a good standard of nursing care was provided. Residents reported that they were very well cared for and residents looked well cared for. There were no residents with pressure sores on the day of inspection. The inspector observed the delivery of appropriate care to residents and observed that nurses spoken with described the delivery of good care to residents which met their needs. Staff were observed to be caring and kind in their approach to residents and residents told the inspector "the staff are great".

The inspector found that the centre was substantially compliant with current legislation in this area, but one area required attention to ensure on-going compliance – this related to on-going access to occupational therapy. This was evidenced by the following findings.

A pre-admission assessment to ascertain whether the centre could manage the prospective residents' needs could be met was carried out. This would be done wherever the person was this could include their own home or another care setting such as a hospital. As part of this process the centre would liaise with the person's family, social worker or other professionals to add to the assessment if it was necessary. The inspector spoke with staff with regard to these assessments and was informed that as much information as possible was collected to include for example personal preferences and choices such as what the person preferred to be called and what their specific current needs were.

Each resident had a care plan that was developed from the information gathered during the assessment. The inspector reviewed a sample of residents' care plans and saw that each plan was personalised and reflected the needs of the individual. The plans were developed in a style that would enable the person reading it to have a

good idea of what help and assistance someone needed at a particular time. All of the plans looked at were well maintained and were up-to-date. As the assessment informed the care plan, care and treatment was planned and delivered in line with their individual care plan. Healthcare information and preferred wishes were recorded in care plans so staff were informed of the treatment each person was to receive.

There were some preventative care plans in place for example a falls prevention care plan. The care plans were person-centred, For example, where a resident was prescribed supplements, these were specifically detailed on the nutritional care plan.

Residents' religious needs were identified in the care records so that staff were aware of them and could ensure they were met.

Care plans detailed all aspects of their personal, social and healthcare needs. Visits from other health care professionals, such as GPs and mental health services were recorded so staff members would know when these visits had taken place and why and could incorporate their specialist advice in the delivery of the care to residents.

While care plans were reviewed at three monthly intervals the only evidence available of involvement of the resident or their significant in the development and review of their care plan was a signature, but no narrative note was available of the resident's or significant others view or understanding or agreement of the care plan. This would ensure that this was a meaningful consultative process.

A record of the residents' health condition and treatment given which was linked to the care plan was completed on a daily basis. These were detailed so staff would know what changes, if any, had been made.

The person in charge described good access to GP services. The inspector reviewed three medical files and found that there was documentary evidence that residents were seen regularly by their GP. The person in charge informed the inspector that residents were seen as required by the GP and at no less frequency than at three monthly intervals, where the GP completed a medical assessment. There was evidence of this in files review. However, as documented under Outcome 8 this did not detail a medication review and make comment as to whether any medication change had occurred or whether there were any side effects of the medication prescribed.

There was good access to allied health professional services including physiotherapy, occupational Therapy dietician and speech and language therapy services. However, the person in charge informed the inspector that the occupational therapist was going on extended leave and there was no procedure in place as yet, to replace this service.

There were records of visits from health and social care professionals, which included the community psychiatric nurse, dietician, chiropodist, optician and dentist. Audiology services were arranged as required via GP referral.

The inspector found that there was provision of meaningful activity for residents. The centre employed two activity coordinators. Their job was to help plan and organise social and other events for people either on an individual basis or in groups. All residents had their own activity record and they were asked what kinds of things they liked to do during the assessment and care planning processes. The activities planned were on display in the centre. On the day of inspection there was a variety of individual and group activities taking place which included bingo, chatting with residents, reading the newspaper.

Social care assessments were completed in the care files reviewed and staff were aware of the activities certain people liked to take part in and could tell the inspector of the individual interests of residents for example music, vintage films, gardening.

The inspector met with two residents who were delighted to tell the inspector about their recent trip to Knock and how much they enjoyed this. Other residents told the inspector that they were not bored and enjoyed the day-to-day activities on offer in the centre. Bingo, arts and crafts, vintage films, restaurant trips, Sonas therapy (a group session involving stimulation of all five senses particularly useful for people with cognitive impairment). Daily and provincial newspapers were available. Residents who were cognitively impaired were engaged by staff in activity sessions.

The inspector reviewed the care plan of a resident who exhibited behaviour that challenges on occasions. A care plan was in place which detailed the reactive strategy to be adapted should this behaviour occur. This ensured that there was a consistent approach in place and that the behaviour was managed swiftly to ensure deescalation and decrease the anxiety for the resident. The person in charge confirmed that they had good input from mental health services who attended the centre as requested.

The inspector did not review restraint practices on this inspection but was informed by the person in charge that staff had been trained on the national restraint policy and the policy in the centre was to promote a restraint free environment. Restraint measures in place included the use of bedrails.

Outcome 12

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.

References:

Regulation 19: Premises
Standard 25: Physical Environment

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings:

The inspector found that the centre was substantially compliant with current legislation with the exception that the centre had one triple room. This was evidenced by the following findings.

The physical environment was suitable for its stated purpose and was homely, comfortable, and well maintained with well manicured gardens. The residents had access to a safe accessible outdoor space and a visitor's room was available. There was a variety of pleasant communal areas available. The centre had robust risk management procedures in place to minimise risks of accidents and injury to residents.

There was one triple room in operation. The inspector reviewed this room and informed the person in charge due to the non availability of en suite facilities and the spatial measurements of this room that this may pose a difficulty with compliance with the *National Quality Standards for Residential Care Settings for Older People in Ireland*. The person in charge explained that the provider had a plan in place for refurbishment of this room to decrease occupancy to two residents and install en suite facilities.

Currently the centre is planning a review of the laundry facilities to ensure compliance with best practice and ensure best practice with regard to infection control procedures.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 14

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.

References:

Regulation 14: End of Life Care

Standard 16: End of Life Care

Outstanding action required from previous inspection:

No actions were required from the previous inspection.

Inspection findings:

The inspector found that the centre was substantially compliant with current legislation in this area. This was evidenced by the following findings.

There were no residents receiving end of life care on the days of inspection. The inspector discussed end of life care planning with the person in charge. The person in charge informed the inspector that they had good access to palliative care services. The centre had an analgesia review chart in place to ensure analgesia administered provides effective relief. On the sample of files reviewed there were end of life care wishes documented.

Outcome 15

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 discreet and sensitive manner.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings:

The inspector found that the centre was substantially compliant with current legislation in this area. This was evidenced by the following findings.

A policy was available with regard to the monitoring and documentation of nutritional intake. This was enacted in the centre and the inspector found that there were appropriate procedures in place to meet the nutrition and hydration needs of residents.

The weight records examined showed that residents' weights were checked on a monthly basis. These were recorded in a way where it was easy to compare weight from month to month.

Nutrition assessments were used to identify residents at risk of malnutrition or dehydration. Records showed that residents who required review by the dietician had been reviewed by dietetic services. Jugs of water and squash were available in communal areas and staff were observed regularly offering drinks to residents.

One resident who had un-intentional weight loss had been reviewed by the dietician and a nutritional care plan was in place detailing the advice of the dietician and that specific nutritional supplements were to be administered. The inspector reviewed the medication prescription for this resident and noted that these supplements were prescribed and were being administered as prescribed. This resident had regained some of the weight lost.

There was a robust system in place to monitor residents' weights and ensure that when a resident lost weight, this would be detected by staff and actioned in a timely

way thereby protecting residents. The clinical nurse manager informed the inspector that all residents were weighed monthly. Where a resident had unintentional weight loss they were weighed weekly and when they regained weight they were weighed fortnightly until it was clinically indicated that monthly weights were appropriate. The inspector observed the lunch time meal and spoke with residents with regard to their views on the food served. All residents spoken with expressed satisfaction with their meals and the inspector noted that residents had eaten the food provided.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

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.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Action(s) required from previous inspection:

Maintain appropriate planned and actual weekly duty rosters, showing staff on duty by role covering 24 hour periods.

Inspection findings:

The actions required from the previous inspection were satisfactorily implemented. The responses to previous actions are outlined below.

The action(s) required from the previous inspection were satisfactorily implemented. At the time of the last inspection the inspector found that while a planned and actual staff rota was available it was difficult to follow and determine role of staff member on duty. The inspector found on this occasion that the rotas had been amended and the grade of nurse was stated for each nurse on duty. The inspector found that the centre was substantially compliant with current legislation in this area.

This was evidenced by the following findings.

The inspector was of the opinion that levels and skills mix of staff were sufficient on the day of inspection to meet the assessed needs of residents and to the size and layout of the designated centre. A review of staffing rotas indicated that these were the usual arrangements. Ancillary staff were employed including clerical, domestic, kitchen, activity, laundry and cleaning and maintenance personnel.

Staff spoken with stated they felt there were enough staff on duty to meet people's needs and that staff worked well as a team. Residents said staff were available to help them when they needed them and that their calls bells were answered swiftly. Relatives and residents spoken with felt the centre was being staffed to meet resident's needs. One resident stated, "the staff are very good to me" and another said, "staff are brilliant".

The inspector observed staff providing support and providing assistance to residents and that residents received their lunch time meal in a timely fashion.

The person in charge stated that staffing levels were being kept under review in line with the number and dependencies of the residents residing in the service. There was a consistent team of staff in the centre and where staff were on leave core staff worked extra. This ensured that staffs were familiar with the residents and Garda Síochána vetting had been obtained for all staff employed thereby protecting the residents. Staff members spoken with were positive about working in the centre and confirmed that the management team were support and freely available.

All new staff complete an induction training programme so they had the skills they require to do their jobs effectively and competently. This induction included new staff shadowing (shadowing is where a new staff member works alongside either a senior or experienced staff member]. Staff members had annual appraisals .The person in charge informed the inspector that regular staff meetings occur where information can be disseminated and discussed and the management team can raise any relevant issues.

All staff had completed mandatory training as detailed in the report under Outcome 6 and 7.

The inspector reviewed the training schedule and found that some staff had recently completed the following training and further training was planned to ensure all staff were trained appropriate to their role. This training included:

- best practices in creating a restraint free environment
- infection control
- risk management
- dementia care
- best practice in wound care
- basic life support to include defibrillator training
- phlebotomy
- activity facilitator training
- Alzheimers and dementia activities course.

As staff had received an appropriate induction and staff were receiving regular training, the result of this is that the current team had the skills, knowledge and experience to meet the diverse needs of the residents.

Staff confirmed they had received training to provide them with the knowledge and skills to care for people effectively.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives and staff during the inspection. (The provider was not available on the day of inspection as she was on leave).

Report compiled by:

Mary McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

28 June 2013

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report *

Centre Name:	St Attracta's Nursing Home
Centre ID:	386
Date of inspection:	14 June 2013
Date of response:	4 July 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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*.

Theme: Governance, Leadership and Management

Outcome 1: Statement of purpose and quality management

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

Omissions noted in the Statement of Purpose included:

- arrangements to reflect the fire precautions and associated emergency procedures to be adapted in the centre
- details of any therapeutic techniques used in the centre and arrangements made for their supervision
- arrangements made for respecting the privacy and dignity of residents.

Action required:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

Action required:	
Make a copy of the statement of purpose available on request to residents and to the Chief Inspector.	
Reference:	
Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The Statement of Purpose and function has been amended to include the following deficits identified <ul style="list-style-type: none"> • arrangements to reflect the fire precautions & associated emergency procedures at the centre • details of any therapeutic techniques and arrangements for their supervision • arrangements in place for respecting the privacy and dignity of residents 	Completed

Outcome 4: Records and documentation to be kept at a designated centre

The provider and person in charge is failing to comply with a regulatory requirement in the following respect:
Verified evidence that the staff member is physically and mentally fit for the purposes of the work that they are to perform at the designated centre was not available on all staff files reviewed. The provider had insurance cover for residents' items to a maximum value of €1,500 while the regulations state €1, 000 per item.
Action required:
Put in place recruitment procedures to ensure no staff member is employed unless the full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.
Action required:
Put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).
Reference:
Health Act, 2007 Regulation 18: Recruitment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All building and physical environment shortfalls are being reviewed in our ongoing plan of works to strive to comply with the <i>National Quality Standards for Residential Care Settings for Older People in Ireland</i> .	Ongoing