

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Monica's Nursing Home Limited
Centre ID:	OSV-0000177
Centre address:	28 - 38 Belvedere Place, Dublin 1.
Telephone number:	01 855 7523
Email address:	bmcgf@eircom.net
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St. Monica's Nursing Home Limited
Provider Nominee:	Bridget McGroary Fletcher
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	39
Number of vacancies on the date of inspection:	6

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
08 July 2014 09:30	08 July 2014 18:00
09 July 2014 09:30	09 July 2014 17:30

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

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

Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of the application for renewal of registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents and staff members in the centre were also sought.

As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider, for the purposes of application

to register were found to be satisfactory. The nominated person on behalf of the provider and person in charge demonstrated sufficient knowledge of 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 throughout the inspection process.

The fitness of the nominated person on behalf of the provider was determined by interview during the previous registration inspection process and through ongoing regulatory work such as inspections. However, the person in charge as a recent appointee took part in an interview process as part of the Authority's process to determine fitness for registration purposes. The person in charge was found to have sufficient qualifications and experience required for the role and to have adequate knowledge of 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.

A small number of residents and relatives questionnaires were viewed during the inspection. The opinions expressed through both the questionnaires and in conversations with residents on site were broadly satisfactory with services and facilities provided. In particular, residents were very complimentary on the manner in which staff delivered care to them commenting on their good humour and respectful attitude. Residents spoken with were also very complimentary about the food provided and the staff team.

The inspector met residents relatives and staff and observed practice on inspection. Documents reviewed included assessments, care plans and training records. It was found on this inspection that efforts had been undertaken by the provider, person in charge and all staff to review the processes in place in relation to end of life care, nutrition and care planning to improve the standards of overall care delivered. Progress was noted to have been made in all areas

Overall, evidence was found that residents' healthcare needs were met. Residents had access to general practitioner (GP) services and to community health services.

Overall, it was found that care was delivered to residents in a confident and respectful manner which endeavoured to ensure resident's safety, privacy and dignity, although a small number of improvements were found to be required in the areas of care planning and medication management.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.

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

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

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

Findings:

There was a written statement of purpose that described the service and facilities that were provided in the centre. The statement of purpose consisted of a statement of the aims, objectives and ethos of the designated centre. It contained the information required by Schedule 1 of the Regulations. It was reviewed and changes in relation to the purpose and function of the designated centre were communicated to the Authority and updated in the statement of purpose.

A copy of the statement of purpose was available in the centre for residents and relatives.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

Findings:

The inspector formed the view that within the centre there was evidence of effective management systems to support and promote the delivery of safe, quality care services.

The provider had a comprehensive knowledge about the centre and a complete understanding of the roles and legal responsibilities in relation to the overall governance and management of the centre under Regulations.

The centre was managed by a full time person in charge who demonstrated leadership skills and sufficient knowledge to ensure suitable and safe care was delivered to residents. The person in charge was supported by a clinical nurse manager who deputised in her absence. All staff and in particular the person in charge and clinical nurse manager displayed an in depth knowledge and interest in all of the residents. They were familiar with each resident's personal social medical and clinical interests, background, history and current status.

All residents were familiar with all members of the management team on sight, those who could communicate verbally called them by name and there were several instances of warm banter and jokes observed between residents and staff. Where residents were non verbal, communication through sign and body language displayed warm and mutually respectful and caring interpersonal relationships. Throughout the inspection the person in charge was observed to give appropriate guidance and direction to staff in relation to the care needs of residents.

Staff told the inspector that regular staff meetings were held usually on a monthly basis. These provided staff with an opportunity to discuss areas of interest or concern in relation to the daily working and management of the centre. Dates of meetings were notified in advance and staff were invited to contribute items to the agenda for discussion.

Systems to review monitor and improve the quality and safety of care and the quality of life of residents were found to be in place. Quality reviews in area of care such as pain management, pressure areas, medications and falls had been undertaken.

A heavy reliance on the provider for guidance and advice was noted throughout the inspection. It was noted that the person in charge only recently in post, had undertaken the responsibilities with energy and enthusiasm although, it was noted that the management team as a whole would benefit from a review to improve their understanding and confidence in order to undertake responsibilities appropriate to their management roles and this would need to be addressed to maintain and improve governance within the centre going forward. The inspector discussed the roles and responsibilities of the provider person in charge and operational management team during the feedback meeting at the end of the inspection.

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.

<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s):</p> <p>Findings: A sample number of the written contracts of care agreed with residents were reviewed. Of those reviewed it was found each resident had a written contract agreed with the provider within one month of admission, and signed by the provider, resident or their next of kin or nominated advocate. The contract included details of the services to be provided and the fees to be charged. Details of any additional charges were also included.</p> <p>A resident's guide which meets the requirements of the regulations was also viewed and a copy was available to residents and relatives in the centre.</p>
<p>Judgment: Compliant</p>

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s):</p> <p>Findings: The person in charge in place during this inspection had worked as a registered nurse in the centre for up to eight years prior to her appointment as clinical nurse manager some months previously. She was found to be aware of her role and responsibilities and was involved in the day-to-day operational management and governance of the centre. She was observed during interactions with staff and residents and was found to have a good knowledge of residents' needs and preferences on both a personal and clinical level. Residents responded warmly to her and in conversation said they could bring any issues they may have to her attention.</p> <p>During the inspection and the fit person interview process knowledge of the Regulations was demonstrated. The person in charge was supported in the role by a management team consisting of the provider, financial administrator, care staff, maintenance, kitchen and household staff. Staff were familiar with the organisational structure and confirmed that good communication existed within the staff team. All staff facilitated the inspection process by providing documents and having good knowledge of residents' care and</p>

conditions.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The records listed in the Regulations were found to be maintained in a manner so as to ensure confidentiality and ease of retrieval. A copy of the Insurance cover in place was provided which meets the requirements of the Regulations.

The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations.

All records required under Schedule 3 were maintained in the centre, including appropriate staff rosters, accident and incidents, nursing and medical records. The directory of residents was reviewed and was found to meet the requirements of the Regulations and was up to date with records of admissions discharges and transfers maintained.

Although not all records were reviewed on this visit it was found that general records as required under Schedule 4 of the Regulations were maintained including key records such as, records in relation to food, complaints and charges.

A sample of residents general records including the documentation of medical and nursing delivered were reviewed and some improvements were found to be required which are detailed under Outcome 11 further in this report. Improvements were also found to be required in relation to medication management which are detailed under Outcome 9 of this report.

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 designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge.

The person in charge has not been absent for more than 28 days which required notification to the Authority. The nominated person on behalf of the provider and person in charge were aware of their reporting requirements. A clinical nurse manager had been identified to provide cover when the person in charge was not rostered for duty.

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:

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. In conversation with some staff members, the inspector found they were competent in their knowledge regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged or suspected abuse. Although all residents spoken too were unable to express feeling safe, inspectors observed they appeared comfortable with staff and did not exhibit behaviours associated with distress or anxiety.

The inspector discussed the management of notifications received by the Authority from

the provider, it was found that management of incidents notified were appropriate and sufficiently robust to ensure resident safety going forward.

A transparent system was in place to manage small sums of monies on behalf of residents and their relatives to ensure their comfort. This 'petty cash' system was retained for a very small number of residents assessed as having capacity to manage their own monies. All transactions were appropriately documented with lodgements and withdrawals signed by staff at all times. A bank account separate to the centre's main account was provided for the monitoring of monies belonging to residents and all transactions were appropriately recorded. Evidence that residents had access to review these accounts was found.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Policies and procedures relating to health and safety, and risk management were available in the centre. Risk management policies and procedures implemented throughout the centre and reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre were found. An emergency plan was also available and staff were found to be aware of its contents.

A risk register was maintained and available which in general covered the identification and management of risks in the centre.

The entrance to the centre was secure and a visitors' log was in use to monitor the movement of persons in and out of the building. Inspectors observed this record to be in use. Closed circuit television (CCTV) was found to be operating in the reception area and externally for security purposes. The provider had adequate signage in place to inform residents and visitors to the building that the CCTV system was in place.

The environment was noted to be clean and clutter free and there were measures in place to control and prevent infection. In conversation with staff it was found they had knowledge of the appropriate management of potential outbreaks of infection.

Smoke detectors were located in all bedroom and general purpose areas. Emergency lighting and fire exit signage was provided throughout the building. The inspector reviewed service records which showed that fire equipment, the fire alarm system,

emergency lighting and were regularly serviced. Fire escape routes were unobstructed. Fire alert action notices and building layout plans showing evacuation routes were displayed throughout the centre.

Records were maintained regarding the servicing of fire equipment, the fire alarm system and fire officer's visits. Arrangements were in place for the maintenance of the fire alarm system and equipment within this centre. Check lists were also maintained to ensure fire exits remained clear and fire equipment and alarms were tested. Written confirmation from the provider and a competent person that all the requirements of the statutory fire authority have been complied with was received as part of the registration of this centre.

Maintenance of equipment was verified through invoices viewed for equipment such as regular servicing of beds, wheelchairs pressure relieving equipment water heating and call bell system.

Appropriate risk management processes were found on this inspection and no serious risks to residents safety were observed. Staff were knowledgeable in relation to fire evacuation procedures and inspectors were told that staff training was provided on an ongoing basis and at induction, evidence of the mandatory training delivered annually was available and reviewed.

Although restraints such as bed rails were found to be in use for a small number of residents documentation including risk assessments were in place and alternative measures were trialled prior to the use of the restraint. Restraint release schedules and processes to monitor the safe use of the restraint were also in place. This practice of restraint was not in place for all resident's and it was noted that there was alternative equipment available to staff to provide alternative person-centred options that maintained dignity and a level of independence in a safe manner. For example, low low beds were available for some residents with sufficient space to enable staff utilise crash mattresses at resident's bedsides.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

Evidence that the processes in place for the handling of medicines, including controlled

drugs, were safe and in accordance with current guidelines and legislation were found and systems were in place for reviewing and monitoring safe medication practices. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and appropriate procedures for the handling and disposal for unused and out-of-date medicines.

It was found that each resident's medication was reviewed regularly by the medical team. The medication trolley was stored securely in the treatment room.

However, improvements were found to be required in relation to the systems in place for reviewing and monitoring safe medication management practices. It was found that the administration of covert medication was not fully in line with the centre's medication policy. Although the use of covert medication was only in use for those residents with a cognitive impairment who were not aware of the significance of refusal on their general health, the policy required staff to liaise with the GP and pharmacist on the appropriateness of the intervention. However, although the inspector was told that this had occurred, documented evidence of the agreement with the practice was not available and the prescription did not reference the use of covert administration. Additionally it was found that although some medications were identified as 'crushed' medications on prescriptions, evidence that advice was sought from the pharmacist as to the appropriateness of the use of all products in this manner was not available. The omission of a prescribed antibiotic was also found and a reason for the omission was not entered onto the administration record sheet.

Judgment:

Non Compliant - Moderate

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:

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. Quarterly notifications had been submitted to the Authority as required and within the appropriate timeframe.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

Residents had good access to GP services. A GP visited the centre during the inspection to review residents. There was evidence of access to specialist and allied health care services to meet the diverse care needs of residents such as opticians, dentists and chiropody services. Access to palliative care specialists, physiotherapy and dietician services occupational therapy and speech and language were available although some were on a private basis only.

Overall there was evidence of a good care planning process and clinical review of resident's health with up to date recording of their current health status. On review of a sample of clinical and medical documentation there were some examples of appropriate detailed person centred care plans which reflected inputs and recommendations of the specialist and allied health care services involved particularly in relation to nutrition and end of life care management. Evidence of improved social care was also noted with resident's interests and capacities reflected in a person centred manner.

Inspectors observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

The arrangements to meet residents' assessed needs were set out in individual care plans. Each resident had a care plan completed. A variety of assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional risk assessment, pressure related skin damage risk assessment and moving and handling assessments.

Residents' had thorough assessments completed on admission and these assessments were updated regularly thereafter. Resident needs were clearly identified and each need had a corresponding care plan which indicated residents' preferences and was person-centred. Nurses wrote an evaluation of care delivered at least daily which was linked to the care plan in place. Although in general care plans reflected the care delivered, were linked to risk assessments and revised to determine effectiveness, some minor improvements were found to be required.

Care plans primarily in relation to the management of pressure ulcers were not found to be sufficiently specific to guide staff. Examples included variation in the frequency of

renewal of dressings and lack of guidance on the frequency of re assessment to determine changes in size condition and grade. Although supporting documentation in the form of wound assessment charts were in place they did not reflect the frequency of the dressings outlined in the care plans in all instances and risks were identified for the deterioration of wounds where dressings were not renewed as frequently as required.

Judgment:

Non Compliant - Minor

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):

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

Findings:

The location, design and layout of the centre were found to be suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There was appropriate equipment for use by residents or staff which was maintained in good working order.

St Monica's Nursing Home Ltd is located within a six-storey building owned by the Sisters of Charity. Accommodation for residents is located on the first three floors while the Sisters of Charity reside on the upper floors. The basement is a service and staff area, with level access from the car park, for ambulance and pedestrians.

The centre has recently been refurbished in order to meet the requirements of the National Quality Standards for Older Persons in Ireland and now consists of 41 single and two twin bedrooms on two floors all containing wash hand basin. All doors leading to internal stairways and external doors are linked to the fire and security alarm systems.

The basement comprises of large kitchen, laundry, maintenance room, office, store rooms, cleaner's room and staff restroom facilities. The ground floor comprises a reception area, day room, dining room, hair salon, day centre, board / training room, a visitors' room, parlour and a snoezelen / relaxation room. A separately staffed day care centre for older people which caters for 12 to 15 clients per day is also located in the centre. A wheelchair accessible bus is available to all residents.

The first floor has 20 single bedrooms with a wash hand basin in each, and a twin bed

with two wash hand basins, two separate facilities consisting of toilet. wash hand basin and assisted bath or shower were available. These were recently refurbished to improve size, layout and accessibility to meet resident's needs.

The second floor has 21 single bedrooms and one twin room, all with wash hand basins. This floor also has two large recently refurbished assisted showers. Each floor also provides sufficient numbers of accessible toilet's- four per floor, store rooms and sluicing facilities.

An enclosed garden with wheelchair access for residents' use was situated on the ground floor. Car parking was available to the rear of the centre.

The premises were found to be clean well maintained and clutter free fire doors were not obstructed and could be accessed freely in the event of an emergency. The design, layout and decor of the centre provided a tranquil environment for residents with appropriate furnishings and areas of diversion and interest.

There was a cleaning schedule in place and staff undertaking cleaning duties were observed to be thorough in their approach to cleaning residents' rooms and communal areas.

There was appropriate equipment for use by residents and staff which was in good working order. The service records were up to date and equipment was noted to be well maintained and clean.

Judgment:

Compliant

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:

There was a written operational policy and procedure relating to the making, handling and investigation of written complaints. The procedure identified the nominated person to investigate a complaint and the appeals process. There was also a nominated person who holds a monitoring role to ensure that all complaints were appropriately responded to, and records were kept.

The inspector examined the complaints' record and this showed that both verbal and written complaints were promptly investigated, detailed the outcome for the

complainant and indicated discussions to ascertain the satisfaction or otherwise of the complainant.

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):

Findings:

Written operational policies were in place on care practices at end of life and there was evidence that these were implemented by staff.

The inspector found evidence of intensive efforts to improve the standard of care to meet the holistic needs of residents and their families. Appropriate care which endeavours to meet each resident's end of life physical, emotional, social and spiritual needs and respects his/her dignity and autonomy was found. Access to specialist palliative care services were available. Staff had received training in end of life care practices.

All other equipment and facilities were available to a good standard, such as appropriate bags were available to return belongings to resident's families, signage to indicate a resident was at end of life and encourage a quiet respectful environment in the vicinity of the room and religious objects. A large and beautifully maintained oratory was available to allow for spiritual prayer, thoughts and reflection for those who wished to avail of it and the inspector viewed samples of sympathy cards sent to the families of deceased residents

Although there were no residents currently receiving end of life care, the inspector was shown documentation including a review of the level of familial satisfaction with their experience following the death of a loved one in St Monica's. The arrangements to meet residents' assessed needs were set out in individual care plans and each resident had a care plan completed in relation to end of life care.

A sample of documentation reviewed found that there were arrangements in place for capturing residents' end-of-life preferences in relation to issues such as; preferences for place of death or funeral arrangements. Bereavement counselling services or supports for families, friends and staff were not formalised but leaflets were available and prominently displayed in several areas throughout the centre.

Care plans in place identified where discussions and decisions were taken on the level of medical intervention and possible transfer to hospital with family and where appropriate the resident themselves.

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):

Findings:

During the inspection the inspector spoke to residents and staff reviewed documentation in relation to nutrition, observed practices for providing drinks and snacks and also observed the dining experience for residents during lunch. The inspector found that residents were provided with food and drink at times and in quantities adequate for their needs. The inspector observed that assistance was offered to residents in a discreet and sensitive manner.

The dining experience was conducive to conversation with round tables to facilitate conversation and it was noted that many residents lingered over their meal whilst chatting to each other. Menus were displayed on each table in pictorial and word formats and showed a variety of choices for main courses and desserts. Those residents on modified diets were offered the same choices as people receiving normal diets. A four week rolling menu was in place to offer a variety of meals to residents, although in conversation with the chef it was found that the menu could change on a daily basis where themed meals/ residents choices/ seasonal foods were considered. Most residents took their meals in one of two dining rooms located on each floor of the centre. Food was served from the main kitchen by the catering staff and was well presented. Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate. Drinks such as water, milk, tea and coffee or juices were available. Dining tables were appropriately set with cutlery condiments and napkins.

The inspector met with the chef on duty and found appropriate and sufficient stocks of store food, fresh meat, fruit and vegetables, frozen store items and selections of soft drinks cordials milk tea and coffee. Home baking by the catering team was included in the daily menu with desserts, brown bread, fruit cakes, buns and scones provided. A check list of food temperatures using appropriate food probes was maintained to ensure

food was at safe temperatures on leaving the main kitchen.

Mid meal snacks were available throughout the day. Staff were observed delivering hot drinks and biscuits during the mid morning and mid afternoon.

The inspector met and spoke to several residents and all agreed that the food provided was always tasty and appetising and there was sufficient choice, availability and temperature was appropriate. Residents were observed to enjoy their lunch food was appetising and most finished all of their meal.

Systems were in place for assessing, reviewing and monitoring residents' nutritional intake and were sufficiently detailed to allow for meaningful analysis. For example portion sizes were determined to establish whether they were sufficient to meet the residents' needs as recommended by the dietician and recordings of intake were fully completed, including intake of oral nutritional supplements. Records reviewed showed that residents' nutritional status was assessed and reviewed as necessary and care plans were in place. Access to appropriate allied health professional and associated services were available.

Care plans reviews and assessments were linked (for example weights or assessment scores referenced) and of the sample reviewed all included reference to allied health professionals recommended interventions. Staff had received training in nutrition assessment and care planning. Overall it was found that residents nutritional care needs were being met.

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:

There was evidence that a residents' consultation process was in place and they could receive visitors in private. Staff were observed to respect residents privacy and dignity through ensuring the appropriate use of screening in communal bedrooms and closing doors when providing assistance with personal care.

The inspector observed that residents were addressed by staff in an appropriate and respectful way and that there were mutually warm interactions between residents and staff.

It was noted that residents' choice and independence was promoted and enabled and this was confirmed in conversations with residents.

Residents had opportunities to participate in activities appropriate to their interests and preferences. A varied programme of social and recreational activities were scheduled weekly to take place throughout the centre and were led by a team of designated activities coordinators. Detailed social care assessments were completed for all residents that determined likes/dislikes and previous interests. Residents were observed engaged in a variety of activities such as attending prayer services, reading, watching television, playing games or entertaining their visitors. Residents who spent long periods in bed were visited by the activity coordinators and stimulation of the senses by touch smell was provided using hand massage and conversation.

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:

The Inspector saw that there was adequate space provided for residents' personal possessions and clothing was noted to be neatly and appropriately stored. Residents had a locked facility in their bedrooms. There were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents.

In a sample of those reviewed a record of residents' personal possessions was in place and had been updated.

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:

The inspectors found that at the time of this inspection, the levels and skill mix of staff were sufficient to meet the needs of residents. Inspectors checked the staff rota and found that it was maintained with all staff that work in the centre rostered and identified. Annual leave and other planned/unplanned staff absences were covered from within the existing staffing complement.

The inspector observed staff and residents interactions and found that staff were respectful patient and attentive to residents needs. It was noted that staff provided reassurance to residents by delivering care to them in a quiet confident manner.

Training for all staff in areas of practice which require mandatory training such as fire safety, moving and handling and prevention of elder abuse were found to be delivered, further training was noted to be provided in areas of clinical practice such as medication management, infection prevention and control dysphagia and first aid. A training plan for 2014 was also in place.

A sample of staff files were reviewed and found that the requirements of Schedule 2 were met. It was found that all the requirements were met and evidence of robust recruitment practices such as three references, qualifications and Garda vetting were available on all records reviewed.

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:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St. Monica's Nursing Home Limited
Centre ID:	OSV-0000177
Date of inspection:	08/07/2014
Date of response:	05/08/2014

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.

Outcome 09: Medication Management

Theme:

Safe care and support

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

All medications were not administered in accordance with the directions of the prescriber and evidence that advice was sought from the pharmacist in relation to the appropriate use of all medicinal products was not available.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

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

We will endeavour to ensure that all residents on crushed or covert medication will have this clearly documented in both the medication kardex and residents care plan. We accept that the review forms from the pharmacist were not in place for some residents and we are now in the process of completing same.

Proposed Timescale: 31/08/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

All care plans in place were not revised following reviews to ensure they were sufficiently specific to manage the needs of all residents in relation to management of pressure ulcers.

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

All care plans will be reviewed and staff will be reminded to be more specific when documenting information in relation to pressure ulcers. Clear guidelines need to be given in relation to the specific dressings used and when the dressing requires changing 3 to 5 days is not specific enough. The care plan should read change dressing every 3 or every 5 days. All communication in relation to same needs to be documented in the residents care plan.

Proposed Timescale: 22/08/2014