

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Phelim's Nursing Home
Centre ID:	OSV-0000395
Centre address:	Dromahair, Leitrim.
Telephone number:	071 916 4966
Email address:	stphelims@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Flanagan's Nursing Home Limited
Provider Nominee:	Mary Flanagan
Lead inspector:	Marie Matthews
Support inspector(s):	Mary McCann
Type of inspection	Announced
Number of residents on the date of inspection:	60
Number of vacancies on the date of inspection:	5

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was 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:
15 January 2015 10:00	15 January 2015 18:00
16 January 2015 10:30	16 January 2015 16:00

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 in response to an application by the provider to the Health Information and Quality Authority (the Authority) to renew registration of this centre. It was the seventh inspection of this centre undertaken by the Authority. Inspectors reviewed the application documentation submitted by the provider, met with residents, relatives and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Mary Flanagan continues to be the provider and the person in charge of the centre and her fitness had been determined through interviews and through compliance with actions from past inspections. Deputising arrangements were in place in the event of her absence.

Inspectors found evidence of positive outcomes for residents. The environment was calm, clean, relaxed and well organised. Systems and appropriate measures were in place to manage and govern the centre. A positive attitude to compliance was demonstrated by the provider and person in charge and other staff. There were policies, procedures, systems and practices in place to assess, monitor and analyse potential risks with control measures in place to ensure risk minimisation.

Residents care needs were met and care planning templates had been revised since the last inspection. Inspectors identified more work was needed to ensure all care plans were person centred. Systems were in place to ensure a safe environment was provided to residents. Deficiencies with the environment have been highlighted on previous inspections of the centre. Several bedrooms are in multiple occupancy and plans to bring the premises into compliance were discussed with the provider who agreed to submit plans and confirmation of the commencement date for refurbishment works to the Authority.

An unannounced thematic inspection reviewing Nutritional care and end of life care had previously been carried out by the Authority in September 2014. The areas which required review from this inspection had been addressed.

Inspectors reviewed the pre-inspection questionnaires completed by eleven residents and four relatives which were generally very positive in their feedback and expressed satisfaction about the facilities, services and care provided. One relative described staffing in the afternoons as been 'stretched' which was not evident from the inspection findings. Residents who could express their views were also positive about their quality of life in the centre and the staff providing care.

Areas for improvement are detailed in the body of the report and included in the Action Plan at the end of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose and function was reviewed by inspectors. It described the service and facilities provided in the centre. The ethos was reflected in day-to-day life through the manner in which staff interacted, communicated and provided care. The Provider was aware of the requirement to keep the document under review and to notify the Chief Inspector of any changes.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Resources were in place to ensure the effective delivery of care in accordance with the statement of purpose. There was a clearly defined management structure in place that identifies the lines of authority and appropriate management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent

and effectively monitored. A schedule of audits were in place to monitor the quality and safety of care and the quality of life of residents on an annual basis and the inspector observed evidence that improvements were brought about as a result of the learning from the reviews carried out. In addition nutritional surveys, and satisfaction surveys were completed with the residents. However, on the day of inspection, a report compiling and analysing the results of the various audits completed was not available for review.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A resident's guide was available at reception which included a summary of the service provided. A copy of the last inspection report issued by the Authority was included in the guide. Although the residents guide was comprehensive it wasn't yet available in an easy to read/pictorial format for residents who were cognitively impaired. The Person in Charge gave a verbal commitment to address this.

The inspectors viewed a sample of residents' contracts of care and found that there was an agreed written contract in place which included details of the services to be provided to the resident and the fee payable by the resident. Additional fees highlighted included a fee for social activities, newspapers or magazines or specialised equipment and these were detailed in an appendix to the contracts. In discussions with the provider, inspectors determined that these fees were not necessarily charged to the residents but they are not covered by the fair deal funding. On review of invoices issued to residents inspectors found this to be the case however the contracts required clarification to make this clear so residents or their relatives were provided with accurate information about the fees payable each month.

Judgment:

Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There had been no change to the role of person in charge (and provider) since the previous inspection. She has been in post as PIC of this centre for 11 years and works full time and is a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

She demonstrated good clinical knowledge and understanding of her legal responsibilities under the Regulations and Standards. She engages in continuous professional development and is in the process of completing a master's degree in leadership and management. She also completed various clinical training courses including wound care and infection control. Inspectors verified that her professional registration with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) was up to date.

During the inspection the provider/PIC demonstrated a good knowledge of the residents in her care and a positive attitude to compliance.

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):

This was the centre's first inspection by the Authority.

Findings:

During the inspection inspectors reviewed a range of documents, including residents' records, staff files, training records, maintenance records, complaints logs, accidents and incidents records, the directory of residents and insurance policy. Generally records were maintained in a manner so as to ensure completeness accuracy and ease of

retrieval however, some minor improvements were required. For example although schedule 3 records were substantially complete in respect of residents nursing care plans, some improvements were required to make care plans more person centred. The provider was aware of this and was working towards making all care plans person centred.

Inspectors reviewed a sample of the Schedule 5 policies and found that they were comprehensive and provided guidance to staff. All schedule file policies were available. Schedule 2 records documents to be held in respect of the person in charge and for each member of staff were complete.

Judgment:

Substantially Compliant

Outcome 06: Absence of the Person in charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Appropriate arrangements were in place for the management of the centre in the absence of the PIC. A deputy director of nursing who is the sister of the provider/PIC also worked full-time deputised in the absence of the person in charge.

Inspectors met with this nurse during this and previous inspections and found that she had engaged in continuous professional development and was familiar with the legal responsibilities of the person in charge including requirements in relation to the submission of notifications to the Chief Inspector.

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 to protect residents being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place. Staff had received training in adult protection to safeguard residents so as to protect them from harm and abuse. Residents spoken with and those who had completed questionnaires reported that they felt safe in the centre. Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. The provider/PIC confirmed that there were no incidents, allegations, or suspicions of abuse under investigation.

There was a visitors' record located at reception on entry to the centre to monitor the movement of persons in and out of the building to ensure the safety and security of residents. This was signed by visitors entering and leaving the building. The centre was further protected by closed circuit television cameras at entrance and exit points. A policy on managing behaviour that challenges was available to assist staff and some staff had attended training.

35 residents used bed-rails. Inspectors reviewed a sample of care plans and saw that an assessment was completed to determine the suitability of the restraint for the resident before implementing the restraint and alternatives such as low-low beds and bed alarms were tried prior to the use of the restraint measure.

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:

The provider had put systems in place to promote and protect the safety of residents, staff and visitors to the centre. There was an up-to-date health and safety statement. A comprehensive risk management policy was available which addressed the areas set out in regulation 26(1). A missing person profile was available for each resident.

Inspectors observed there was a low level of accidents occurring. Arrangements were in place for investigating and learning from serious incidents/adverse events involving residents. Inspectors found that the date and time of accidents was recorded in the

residents' care plan but not in the log of accidents which would aid better analysis of the timing of incidents. Safe flooring was provided throughout and assistive devices were provided for residents. Handrails were provided throughout the premises however inspectors observed that they were missing in one corridor area.

An emergency plan was in place to guide staff as to how to respond to serious untoward incidents. There were infection control measures in place including the provision and use of hand sanitising agents by staff. An outbreak of influenza which occurred had been appropriately managed to contain the spread of infection.

Manual handling assessments had been carried out for residents and were kept up to date. All staff were trained in moving and handling of residents.

All Staff are trained and know what to do in the event of a fire. The fire alarm is serviced on a quarterly basis and fire safety equipment is serviced on an annual basis. There was evidence that regular fire drills are completed. All fire exits were observed to be unobstructed. Notices displaying the procedure to adapt to safely evacuate were prominently displayed throughout the centre.

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:

Residents were protected by the centre's policies and procedures for medication management. One of the inspectors observed nursing staff during a medication round and found that medication was administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. Medication was delivered in individual blister packs by a local pharmacy. The pharmacist was involved in medication safety and reviewed residents in the centre.

Prescription and administration records reviewed were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out. Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. Inspectors checked a sample of balances and found them to be correct.

There was evidence of that regular medication audits were completed to identify areas

for improvement and corrective actions were identified and auctioned. There was a system in place to record any medication errors or near misses.

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

Judgment:

Compliant

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Practice in relation to notifications was in compliance with the regulations. Quarterly notifications were submitted to the Authority within the specified dates.

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):

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

Findings:

The inspector found evidence that resident's well being and welfare was maintained by a good standard of evidence-based nursing care and appropriate medical and allied health care.

Inspectors reviewed a sample of residents' care plans and medical files. Pre admission assessments were evident in the care plans reviewed and the assessment tools used

reflected evidence based practice. Four GP's attended the centre and there was evidence of timely access to GP services. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

Inspectors found evidence of appropriate referrals to allied support services. A physiotherapist attended the centre twice a week and did a passive exercise programme with residents in addition to reactive work such as any post fall reviews. Records were maintained of all referrals to specialists or support services which included speech and language therapy, foot specialists, chiropody, dietetics, optics and occupational therapy and the inspector observed that the dates for follow-up appointments recorded resident been actively involved in an assessment to identify their individual needs and choices.

The inspector saw that the care delivered encouraged the prevention and early detection of ill health and enable residents to make healthy living choices. For example, residents' weights, blood pressure, temperature and heart rate were checked monthly. There was evidence of residents receiving vaccination for the flu at the start of the winter period. Residents with conditions such as diabetes were regularly screened.

There was evidence that care plans were made available to the residents and in the sample of care plans reviewed the resident or their family had signed to indicate their involvement. Care plans were reviewed on an ongoing basis at least every four months and more often if there was a change in a resident's condition. Inspectors observed that a new system of care planning had been introduced and those care plans completed using the revised templates were more comprehensive and person centred. Some older care plans reviewed were more generic and didn't give a clear picture of the residents' needs and preferences. Inspectors also observed that some progress notes recorded in the residents care plan described aspects of physical care only and did not give a full reflection of the range of care provided on a daily basis such as the social and psychological support provided to ensure residents well-being.

Residents had opportunities to participate in activities such as gardening, exercise, music, and a Sonas class was provided for residents who were cognitively impaired. One resident had a healed pressure ulcer on the days of inspection. Inspectors reviewed the care plan of this resident and saw that a high standard of evidence based practice and specialist pressure relieving aids were in place.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

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

Findings:

St Phelim's Nursing Home opened in 1996 and is registered for sixty five residents. It is located approximately 1km outside of the town of Dromahair. Inspectors observed the centre to be clean warm, comfortable and homely and a programme of maintenance is in place to ensure the centre is refurbished where necessary. The centre has 12 single bedrooms, 9 double bedrooms, 3 four bedded rooms, and one five bedded room. There is also a sitting room, dining room, kitchen and a visitors' room. Residents' bedrooms were personalised. The main day room was tastefully decorated with comfortable arm chairs and supportive furniture.

Deficiencies with the environment have been highlighted on all previous inspections of the centre and plans to bring the premises into compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland were discussed during this inspection. The environmental issues where non compliances were observed include that a number of residents are accommodated in multi-occupancy bedrooms. The layout and design of these rooms posed difficulties to provide for residents' individual and collective needs in a comfortable and homely way on a daily basis. Residents' personal space in some of the smaller single rooms was not laid to encourage and aid the resident's independence and assure their privacy and dignity and had limited space for residents' belongings. Access to all bells is difficult in some rooms due to the layout.

There is only one assistive shower/bathrooms in use. The provider gave a commitment to convert an existing storage room immediately to provide additional bathroom facilities.

One three bedded adjoins the dining room entrance. Some existing single bedrooms are small and don't have room for a chair for residents. There were no locks on some bedrooms doors.

The dining room was not of sufficient size to accommodate all residents to dine at the one sitting. The premises is not designed to maximise the independence and aid residents with dementia by providing good signage and visual cues to help orientate residents.

Inspectors were advised that plans to address these deficiencies were at an advanced stage with planning permission acquired. The provider has been required to submit final plans with commencement and approximate completion dates to the Authority to ensure compliance in this area post July 2015.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There are policies and procedures for the management of complaints. A copy of the complaints procedure was given to all residents on admission. Inspectors reviewed the policy which was displayed at reception. Residents spoken with said that any issues raised were responded to by promptly by staff. The nominated person to deal with all complaints was the PIC in her absence. An independent appeals process was provided by a local solicitor acted where necessary.

The person in charge maintained the complaints log. The inspector found that both verbal and non-verbal complaints were documented which included the investigations or actions undertaken to resolve the complaint. There were low numbers of complaints recorded.

Judgment:

Compliant

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

This outcome was inspected in September 2014 as part of the thematic inspection and it found that end-of-life care was an integral part of care provision. The inspector reviewed a sample of residents' records and end-of-life preferences had been documented for all residents. The provider had established good links with the local palliative care team and was very complimentary of the service provided to the residents. Overnight facilities and refreshments were available to residents' family members and friends during end-of-life care. A remembrance mass was held annually to remember deceased residents

and the families of each resident were presented with a daffodil bulb to remember their loved ones. Inspectors spoke with the family of one resident who had recently deceased who were very complimentary regarding the attention given to their loved one and described very good end of life care by the staff and management.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The last inspection of this centre was a thematic inspection in September 2014 which focused solely on end-of-life care and nutrition. The inspector found that a nutritious and varied diet was offered to residents that incorporated choice at mealtimes and staff offered assistance to residents in an appropriate and sensitive way. Residents were offered snacks and refreshments at various times throughout the day.

A nutritional assessment tool was used and residents' weights were monitored monthly or more regularly when required. Referrals were made from the residents' General Practitioners, a dietician and SALT (speech and language therapy) when required and recommendations were recorded in residents' files. Staff had attended training on dysphasia and nutritional care.

As discussed under outcome 12, the dining room was not sufficient size to accommodate all residents to have meals together and two sittings had to be provided at each mealtime.

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:

Residents spoke with residents during the inspection who stated that they were happy with the quality of care in the centre. They confirmed that staff were respectful and ensured their privacy and dignity during personal care. Residents said they were consulted with about how the centre was run and involved in decisions about their care. The inspector reviewed minutes of monthly residents meetings and saw that feedback was sought on every day issues which affected residents and that this informed practice. Residents had access to an independent advocate who regularly attended the centre and spent time with all of the residents.

Residents who completed questionnaires prior to the inspection said they were able to exercise choice regarding their daily routine including the time they got up and or had their breakfast.

A mobile handset was available for residents wishing to take telephone calls in private. Staff were observed to knock on resident's bedroom doors before entering and 'care in progress' signs were used when personal care was being attended to. Shared rooms had curtains around each bed however as discussed under outcome 12, several bedrooms were multiple occupancy and as such did not assure the privacy and dignity of residents. Residents had access to radio, television, local and national newspapers and information on local events.

Relative confirmed and inspectors observed that relatives could visit the centre at any time during the day or at night if a resident was ill. Meal times were protected and visitors were asked not to visit during meals. (Exceptions were made to this rule where relatives wished to assist residents with meals.) Routines and practices were in place to help maximize residents' independence. The physiotherapist was working with a number of residents to help rehabilitate their mobility so they could return home.

Judgment:

Compliant

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents. Those interviewed said their clothing was well looked after and expressed satisfaction with the service provided. The inspector saw that adequate space was provided for residents' personal possessions. Small amounts of pocket money was kept for some residents and the inspector saw that a safe system was in place to ensure records were maintained of all transactions and these were signed by two staff members.

The laundry room was clean and well equipped. There was a policy on the management of residents' personal property. A record of each individual's property was completed on admission however in the selection of files reviewed this was not always updated at regular intervals.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the day of inspection. Residents, relatives and staff spoken with expressed no concerns with regard to staffing levels. Residents confirmed that staff were available to assist them when appropriate and that they responded to call-bells in a timely fashion. The main day room where residents congregated was supervised at all times during the inspection and there were appropriate staff on duty during meal times in the dining to assist residents.

Appropriate recruitment procedures were in place. Inspectors reviewed a sample of staff files and found the requirements of schedule two of the regulations had been met. There was a record maintained of An Bord Altranais professional identification numbers (PIN) for registered nurses.

There were good interactions observed between staff and residents who chatted with

each other in a relaxed manner. Staff members spoken with were knowledgeable of residents' individual needs. Residents were observed to be relaxed and comfortable when conversing with staff and were complimentary of the staff when speaking with the inspector.

All staff had completed mandatory training in Adult protection, Fire Safety and Manual Handling. A training matrix was in use which identified ongoing training needs and the inspector saw that staff had access to ongoing education in a range of areas including nutritional care, challenging behaviour, cardio pulmonary resuscitation and restraint. Feedback from relatives who completed questionnaires was generally very positive but one form described staffing levels in the afternoon as 'stretched' which was not evident from inspection findings.

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:

Marie Matthews
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 Phelim's Nursing Home
Centre ID:	OSV-0000395
Date of inspection:	15/01/2015
Date of response:	24/04/2015

Requirements

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

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

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

There was no evidence that the results of various audits were collated or that that feedback was shared with residents or their representatives.

Action Required:

Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

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

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

The centre carries out several audits with follow up reports as observed by Inspectors on the day of Inspection.

St. Phelim's Nursing Home audits is a quality improvement activity.

The purpose of our audits is to monitor what degree standards for health care activities are met, identify reasons why they are not met and identify and implement changes to practice to meet those standards. The findings of our audits are disseminated to our staff and Residents. St. Phelims Nursing Home have a duty to use the findings of our audits to improve clinical care and move towards Best Practice. St. Phelim's Nursing Home sees audits as an essential tool for Continuous Quality Improvement.

A report on the quality and safety of care and quality of life has been compiled with copies made available to the Residents and their representatives and a copy was forwarded to HIQA.

Proposed Timescale: 24/04/2015

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

The fees detailed in the contracts of care did not concur with the fees charged to residents.

Action Required:

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

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

The contract is not derived from a template. The fees detailed in the contract concur with the fees charged to residents. We have attached an appendix to our contract of care highlighting that there are additional charges in the Nursing Home that will not be met by the Nursing Home Support Scheme and are additional to the fees quoted. We have clearly stated in the appendix that many of the items may never apply to you. They are outlined for information purposes. A copy of our contract of care together with the appendix has been forwarded to the Authority.

Proposed Timescale: 24/04/2015

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:

Older care plans reviewed were more generic and didn't give a clear picture of the residents' needs and preferences. Progress notes recorded in the residents care plan described aspects of physical care only and did not give a full reflection of the range of care provided on a daily basis such as the social and psychological support provided to ensure residents well-being.

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 Residents have a comprehensive, holistic, individual care plans in place to reflect their individual needs and preferences. We are currently updating our care plans from a generic model to a more person centred model. This is a work in progress and was discussed with the Inspectors on the day and found to be acceptable. We will continue to develop and deliver a high standard of person centred care to all our Residents. The social and psychological support provided to ensure Residents well-being, will now be documented by the Nursing Team in the daily progress notes.

Proposed Timescale: 31/10/2015

Outcome 12: Safe and Suitable Premises**Theme:**

Effective care and support

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

The premises did not comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2013

Action Required:

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

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

We are extending and refurbishing our centre to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2013 Works are due to commence on the 01/08/2015. It is estimated that the project will be completed by the 31/10/2016.

Proposed Timescale: 31/10/2016

