

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | St Clare's Nursing Home |
| Centre ID: | OSV-0000517 |
| Centre address: | 502 Griffith Avenue, Glasnevin, Dublin 11. |
| Telephone number: | 01 704 4200 |
| Email address: | rachel.simons@hse.ie |
| Type of centre: | The Health Service Executive |
| Registered provider: | Health Service Executive |
| Provider Nominee: | Michelle Forde |
| Lead inspector: | Leone Ewings |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 37 |
| Number of vacancies on the date of inspection: | 3 |

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

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|---------------------|---------------------|
| From: | To: |
| 24 March 2015 10:00 | 24 March 2015 18:30 |
| 25 March 2015 10:00 | 25 March 2015 17:00 |

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

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| 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 which took place over two days and was for the purpose of monitoring and informing an application to renew the registration of St. Clare's Nursing Home. The centre was purpose built in the 1800's and is one of three services which make up Claremont Residential and Community Services. Since the 1970's the centre has provided residential care for older people, and day service provision is also part of the overall premises.

The designated centre now provides long and short term care for older persons, inclusive of four assess and review beds and the provider had applied for registration for 40 places. As per the statement of purpose 31 beds are for long term care, five for respite and four beds for assess and review for short term admissions.

Emergency admissions are not accepted. This report sets out the findings of the inspection and areas identified for improvements.

The inspector found that overall the provider met 14 of the 18 inspection outcomes and many of the requirements 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. All documents submitted by the provider for the purposes of application to register were found to be satisfactory. The management team were in the process of addressing a non-compliance relating to provision of private end of life accommodation further to the previous thematic inspection on 10 July 2014. This work was reviewed and a room had been identified, and was almost completed at the time of the inspection, apart from redecoration and furnishings.

There was a committed management team in place who worked to ensure that there was a strong governance structure in place. Changes to the provider nominee had taken place since the last inspection and the Authority had been provided with full and complete information on the new provider nominee. The provider nominee is based at the Local Health Office and is a general manager, and she has demonstrated her fitness through the notifications process and contact with the Authority since the time of the change.

The person in charge has not changed since the time of initial registration by the Authority. The person in charge was found to be a fit person at the time of the initial registration application and responsibility is shared between three designated centres in the Claremont Services. Day to day management responsibilities are with the clinical nurse manager 2, and she is the nominated person in the absence of the person in charge. She demonstrated her fitness throughout the inspection process and is supported in their role by nursing, care, allied health professionals, administrative, facilities manager, catering, maintenance, household and laundry staff and the management team.

The inspector found that the health needs of residents were met to a high standard. Residents had access to medical care, to a full range of other allied health services and the nursing care provided was of a high standard. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. Residents were consulted about the operation of the centre and there was an active residents' and relatives meeting. Residents and relatives knew the management team and who to contact should there be any dissatisfaction with service provision. Access to advocacy was fully facilitated by the person in charge and provider. The feedback from residents and relatives was of satisfaction with the service and care provided.

The provider and person in charge promoted the safety and quality of life of residents. A risk management process was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention and detection of elder abuse, safeguarding and other relevant areas. Staff had an in-depth knowledge of residents and their individual needs. Recruitment practices met the requirements of the Regulations. Staffing levels were found to be adequate on the day of the

inspection, and rosters reflected that this was in line with other times.

Areas for improvement identified included a review of premises and provision of a plan to address multiple occupancy accommodation, privacy and dignity in line with the National Quality Standards for Residential Settings for Older People in Ireland, contract of care and environmental review.

These areas for improvement are discussed further in the report and are included in the Action Plan at the end of this 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 provider was found to be in substantial compliance with this outcome.

The inspector reviewed the statement of purpose submitted with the application to register which was a detailed document, informative and easy to follow and clear in presentation.

The statement of purpose contained most of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. An updated accurate plan of the layout of the ground floor was provided for review during the inspection. However, the conditions of registration were not found to be outlined in the written statement of purpose. A revised statement of purpose was requested and was found to be satisfactory relating to this, and the changes in governance proposed by the provider relating to the new deputy manager.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were sufficient resources 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 accountability.

The person in charge worked closely with her deputy manager in her role which was currently shared between three designated centres. Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. Management meetings were well established and reviewed all aspects of service provision, staffing, health and safety, training, complaints and any other relevant issues which were seen to be actioned.

The roles and responsibilities were clearly defined; evidence of audit and review of practice evident from this inspection and previous monitoring events confirmed this. During the inspection the management team demonstrated effective communication and provision of information and records when requested. All staff were open to feedback and service improvement was a common goal.

There were well established system in place to review and monitor the quality and safety of care and the quality of life of residents on a three monthly basis. Improvements were brought about as a result of the learning from the monitoring review and any feedback received. There was evidence of consultation with residents and their representatives and actively working on any feedback received from residents and relatives. The annual report on quality and safety in line with legislative requirements was made available prior to this inspection.

The response to pre-inspection feedback questionnaires was very good in terms of numbers received. Relatives and residents confirmed that they could easily identify with the management team, and residents and relatives were aware of how to provide feedback on service provision.

A proposed new deputy manager was interviewed by the inspector and was found to be fit to undertake this role. The current post holder was also present during this inspection and inspector confirmed information submitted and undertook an interview with the clinical nurse manager. She was clear about the role of deputising for the person in charge had the required skills, experience and knowledge of her regulatory responsibilities.

Judgment:

Compliant

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

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

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

Findings:

The resident's guide was found to be detailed and contained a copy of the last inspection report and a summary of the statement of purpose. Additionally a resident newsletter, notice boards and information leaflets were available for residents and relatives. Residents attended their own meetings and the inspector confirmed that residents had access to independent advocacy and support as required.

Each resident had a detailed contract of care dealing with the care and welfare of the resident at the centre which provided detail on the services to be provided and associated fees. Written contracts were generally found to be agreed on admission. Additional fees were clearly stated, for example, hairdressing.

The inspector reviewed copies of the contract of care on a previous inspection and found one residents' contract of care was unsigned. This contract still remained unsigned and records which reflected written communication to request completion of this by the resident's representative were maintained by the person in charge and provider.

Judgment:

Substantially Compliant

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:

The person in charge had not changed since the time of the initial application for registration. The inspector had determined the fitness and suitability of the person in charge at that time. The inspector was satisfied that the person in charge and deputy manager at the centre were suitably qualified and experienced to fulfil their roles.

The person in charge confirmed that although she had additional managerial responsibilities that she attended the centre at least twice a week, and up to four times a week.

A supportive organisational structure and management arrangements were found to be in place for the person in charge. The person in charge was supported by an assistant director of nursing and four clinical nurse managers. The person in charge reported into the provider nominee, a general manager based in the local health office. They met on a formal basis regularly. Other supports included practice development, human resources, catering and administrative staff.

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 Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Staff easily retrieved all relevant information requested by the inspector at the time of the inspection. All staff had received training and guidance on maintaining high standards of clinical documentation. A system of audit of written clinical documentation was in place.

Overall nursing and clinical records were well maintained and records reviewed were found to be person centred and accurate, and maintained in line with professional guidelines.

The designated centre was adequately insured against accidents or injury to residents, staff and visitors.

The inspector found that the risk register had been completed and had up to date risk assessments and detailed measures in place to mitigate any identified risks.

The designated centre had all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.*****Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

At the time of the inspection the person in charge had not been absent for more than 28 days which required notification to the Authority. The inspector formed the view that there were suitable arrangements in place for the management of the centre in the absence of the person in charge.

The current post holder was leaving to take up another role, and the provider had nominated a clinical nurse manager who would take charge of the centre when the person in charge was absent or on leave. The inspector interviewed the new deputy manager to ascertain her fitness to undertake this role, and was satisfied that she was fully aware of her responsibilities to deputise for the person in charge.

She will be supported by four clinical nurse managers, and also another assistant director of nursing in a nearby designated centre. She was found to be closely involved in the day to day clinical supervision of care between the first and second floor on a daily basis, and was clear about the notification process.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*****Theme:**

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that all measures were in place to safeguard and protect residents from being harmed or abused. The inspector viewed training records and saw that all staff had received training on identifying and responding to elder abuse. The inspector found that staff interviewed were able to identify the different categories of abuse and what their responsibilities were if they suspected abuse or they were uncomfortable with how a resident was being treated. The deputy manager was closely involved in providing safeguarding training and links to the senior social worker were established and in place.

The centre did not act as a pension agent for any resident; but assisted some residents with the management of small amounts of residents' monies to facilitate access to hairdressing or other activities. The inspector reviewed records of resident's finances which were found to be administered and managed in a safe and transparent way. Residents spoken with confirmed that they felt safe in the centre and primarily attributed this to being familiar with the staff on duty, and that staff supported them as necessary in a very sensitive and professional manner.

A restraint free environment was promoted with relevant evidence based policies and procedures in place. Physical restraints were not reported as used in the centre and there was a reduction in the number of bed-rails which were risk assessed and in use for 14 residents. The initiation and use of bed-rails was found to be subject to close review and plans in place for appropriate levels of supervision when in use. The use of any bed-rail had been appropriately assessed and had involved multi-disciplinary input as well as the assessment of the capacity of the residents in question to be involved in the decision. Alternatives to any form of restraint were reviewed and explored before commencement of the use of bed-rails was fully documented.

Efforts were made to identify and alleviate the underlying causes of any behaviours that may challenge. A small number of residents had positive behavioural care plans in place which were detailed and contained information about triggers for any behaviours of concern. The inspector noted that there were comprehensive multi-disciplinary support meetings taking place, where considerable efforts were made to identify the cause of any increased patterns of behaviour for a very small number of residents who presented with such challenges. Family involvement was well documented and meetings minuted. Overall, this approach focused upon identifying the behaviour as a form of communication, finding ways in which to identify the cause of any behaviours of concern.

A record all visitors to the centre was maintained and a porter was generally on duty to assist in the monitoring of visitors in and out of the centre, and assist and guide residents and staff as required.

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 inspector found overall that the health and safety of residents, visitors and staff was sufficiently promoted and protected. The inspector noted that there was an up to date health and safety statement in place.

A risk management policy was in place and met the requirements of the Regulations. The internal and external environment had been risk assessed with regard to hazard identification. However, the inspector noted further to the her review of the external areas of the premises that unrestricted access to a flat roof area, adjacent to the basement and service area to the side of the building be further risk assessed as a potential risk, and any risks associated be mitigated. The person in charge agreed to review this area from a health and safety perspective.

Overall satisfactory procedures consistent with the standards published by the Authority were in place for the prevention and control of healthcare associated infection. The inspector noted that each of the five multiple occupancy rooms only had one sink for use of staff and residents in the immediate environment however, adequate additional facilities were in place nearby and hand sanitisers were visible in communal spaces and on entering the premises.

Fire precautions were prominently displayed throughout the centre. Service records showed that the emergency lighting, fire alarm system and fire fighting equipment were serviced and fully maintained. The inspector noted that the fire panels were operating correctly, and the means of escape and exits, which had daily checks, were unobstructed. All staff had attended training and those spoken with were knowledgeable of the procedure to follow in the event of a fire. Regular fire drills had taken place and the fire alarm was tested and serviced every three months. Personal emergency evacuation plans were in place which provided clear guidance to staff, outlining the specific support requirements for each resident. An emergency fire evacuation blanket was in place on each bed and checks made on a regular basis on this equipment for any damage.

There was an emergency plan which identified what to do in the event of fire, flood, loss of power or heat or any other possible emergency. The emergency plan included a contingency plan for the total evacuation of residents in the event of an emergency.

A review of the training records evidenced that all staff had attended mandatory training in patient moving and handling. Staff confirmed that they had up to date knowledge on

the use of moving and handling equipment. There was sufficient equipment provided for the safe moving and handling of residents such as portable hoists, slings and moving and handling aids to mobility. The service records were viewed which confirmed they had been serviced as required twice yearly or if required in between. Staff were observed supporting residents to mobilise in a safe and consistent fashion, in accordance with individual moving and handling care plans, and best practice.

Falls and incidents reported were reviewed and satisfactory measures were in place to mitigate all risks associated and identified further to incidents which took place. For example, residents assessed at high risk of falling had appropriate supervision in place, and the communal sitting rooms were well supervised with diversional activity and pastimes ongoing at the time of the inspection.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident was protected by the designated centre's policies and procedures for medication management. There was a detailed medication management policy which guided practice and administration practices were observed to be of a very high standard. Nursing staff were familiar with the arrangements around accepting delivery and appropriate storage requirements were fully implemented by all staff involved with medication management. Medication was stored in locked cupboards in a designated clinical storage room.

The inspector viewed completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out. The pharmacist was also involved in medication safety and was available if required in the centre. The minutes of the medication review meeting were reviewed by the inspector and learning from the two other designated centres managed by the provider was shared to improve practice. Competency assessments were also completed on induction with new nursing staff and on an ongoing basis by the person in charge or her deputy. The inspector observed medication administration and found that medication was administered in line with the policy and best practice.

Medications that required strict control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of all

controlled drugs. The inspector confirmed that the stock balance was checked and signed by two nurses at the change of each shift. The inspector observed administration of this medication to a resident and found practice was safe. There were appropriate procedures for the handling and disposal of unused and out of date medicines.

Medication audits were completed by the person in charge or her deputy to identify areas for improvement and there was documentary evidence to support this. Medication errors were reviewed by the person in charge and systems were in place to minimise the risk of future incidents. Findings were discussed at nurses meetings. All staff nurses involved in the administration of medications had undertaken medication management training, and practice was audited and reviewed by the practice development co-ordinator and learning communicated to improve practices.

Judgment:

Compliant

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that a record of all incidents occurring in the designated centre was maintained and where required notified to the Chief Inspector.

The person in charge and her deputy was fully aware of their legal requirements to notify the chief inspector regarding accidents and incidents. The inspector read the accidents and incidents log and saw that all relevant details of each incident were recorded together with actions taken, and maintained to a high standard.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that resident's health and social care needs were met to a high standard and the arrangements to meet residents needs were set out in a care plan with the involvement of the resident and/or their representatives. The feedback from residents relating to available activities was found to be good. Respondents to the questionnaires named activities such as quizzes, music, and spiritual activities at the centre. External activity facilitators also contributed and were in place and activity such as art, pet therapy and physical exercises were available on the published programme. The programme was varied and was created mainly from feedback from residents and evaluation of activities both on site and on trips using the day centre transport vehicle. On the first evening of the inspection a social evening of fine dining was enjoyed by residents from the centre and visitors from the two nearby designated centres on the Claremont campus.

Residents had access to medical care, an out of hour's services and a full range of other services available on referral including occupational therapy, speech and language therapy (SALT), dietetic services. Chiropody, dental and optical services were also provided, and an in-house ear care service which residents could access on site. The inspector reviewed residents' records and found that residents had been referred to services and records and results of appointments were written up in the residents' notes in a timely manner. The allied health professionals documented the assessments and reviews completed to inform the nursing care plans, and regularly inputted into multi-disciplinary meetings when required as part of the team.

Nursing assessments; care plans and additional clinical risk assessments were carried out for each resident. Daily notes were being recorded in line with professional guidelines, and in a person centred manner. Overall care plans reviewed by the inspector contained the required information to guide the care for residents, and were updated to reflect the residents changing care needs. Residents and/or relatives were involved in the development of their care plans and they confirmed this with the inspector in questionnaires received.

The inspector read the care plans of residents who had fallen and saw that risk assessments were undertaken and a care plan was devised. The falls risk documentation had been reviewed and now demonstrated a clear history of any previous incidents and guided staff in line with the policy. Neurological observations were completed when residents sustained any unwitnessed fall. Records of clinical incidents which were found to be fully completed and actioned.

Overall there were low preventative measures undertaken which included the use of audible chair alarms and the use of wearable hip protectors. The inspector observed a good standard of appropriate supervision for residents in communal areas and adequate staffing levels on the day of the inspection to ensure resident safety was maintained. Audit took place and records including photography were found to be well maintained by

nursing and care staff. The evidence was that care delivery was in line with evidence based practice with good outcomes for residents.

The inspector found that there was an emphasis on minimising the use of restraint, and implementing alternatives. Training had been provided to staff on the use of restraint. Risk assessments were completed and kept updated for the use of bed rails. There was evidence of alternatives available, although alternatives were not documented in all records reviewed.

The inspector reviewed the records of residents at risk of skin breakdown, assessed as being at risk of pressure ulcers and noted that there were adequate records of assessment and appropriate care plans in place to monitor care. An evidence-based policy was in place which was used to guide the practice of nursing and care staff.

Staff spoken with were knowledgeable of the strategies to be taken to prevent pressure ulcers, and appropriate pressure reducing strategies and care was in place for residents assessed as at risk, records of re-positioning and pressure relieving devices were found to be accurate and evidence based.

The inspector noted that all specialised mattresses had been serviced. However, alarms were noted to be sounding on both days of the inspection and the deputy manager contacted the service provider to address this matter in a timely manner.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

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

Findings:

The three-storey building was built in the 18th Century with high ceilings and large windows. The centre has 40 beds providing services to persons predominantly over the age of 65 years requiring long-term care, five beds are currently allocated for respite admissions, and a further four for assess and review short term admissions. Admissions take place with due regard to the admissions policy and an individual assessment takes place. The admission criteria is clearly outlined in the statement of purpose and function. Residents male and female are welcomed.

The environment was clean and hygienic throughout with plenty of natural light. Improvements had taken place since the time of the last inspection in that the resident numbers occupying multiple occupancy rooms had decreased. The tarmacadam on the driveway had been resurfaced since the time of the last registration inspection, and the provision of privacy locks to toilet and shower room facilities. Works described in Outcome 14 were ongoing relating to the refurbishment of a private room for end of life care and this had not yet been completed.

Resident accommodation was provided between the ground and first floors of the building. There were four single, eight twin and five four bedded rooms, all with wash hand basins. Communal areas such as day rooms and dining rooms had a variety of comfortable furnishings and seating to meet the individual and collective residents needs.

The provider had not to date submitted any plans to the Authority, but was aware of the requirements of the Standards and the provider was aware of the Regulatory notice issued to providers in April 2013 and that the physical environment did not fully comply with the collective and individual needs of each resident particularly 20 residents currently accommodated in shared rooms.

A discussion was held with the person in charge at feedback, and a request to provide a plan relating to improvements required to the premises in order to meet the collective and individual needs of each resident; and the requirement for the provider to ensure the premises becomes complaint by 1 July 2015 in line with the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

Safe secure landscaped internal gardens are located on the premises and are accessible to residents on the ground floor. Parking is available to the front of the building which is shared with day care centre.

Facilities on the ground floor include a large sitting room with seating and a separate dining room, assisted shower and bathroom, and assisted toilets and hand washing facilities. All areas were found to be clean, warm and hygienic. Waste was disposed of in line with best practice including clinical waste. No residents had specific requirements relating to infection prevention and control.

The kitchen was well organised, hygienic with suitable and appropriate storage. The environmental health officer had visited to inspect the kitchen and catering facilities recently and a copy of the report was shown to the inspector. The findings were found to have been actioned and documented appropriately by the provider.

The laundry facility for personal items of clothing was located on the ground floor, with an appropriately sized storage area for ironing and clean linen.

The environment was reasonably maintained throughout, but areas for painting and upgrading were identified associated with normal wear and tear. The communal areas such as the day rooms and dining rooms were furnished comfortable. There is an

oratory in the front hall and a quiet room, where residents or visitors can reflect or read quietly.

Assistive equipment provided allowed for independent living and grab rails and hand rails were evident and appropriate to the dependency of the residents. There were privacy locks on a all of the toilets, showers and bathrooms visited by the inspector.

Judgment:

Non Compliant - Major

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the complaints policy was fully implemented at the time of the inspection. There was a written complaint's procedure on display and residents, relatives and staff confirmed they were fully aware of the complaint's policy and procedure. The person in charge was the named complaint's officer and dealt with complaints in conjunction with the provider and deputy manager. In practice issues were recorded at local level on each unit and reviewed by the deputy manager, and escalated if necessary in line with the Your Service Your Say policy. Leaflets were available in the reception area for residents or relatives to review.

The inspector reviewed the written complaints records and found that the records reflected the issues, investigation and outcomes of the complaint. An independent appeals process was clearly outlined in the complaint's policy and residents and relatives confirmed to the inspector that they were aware of their right to make a complaint on service provision. Evidence of escalation of the complaints process and access to independent advocacy services were in place for residents where this need was identified.

The inspector had received unsolicited information relating to concerns about infection prevention and control procedures and also the health and social care needs of residents, which were followed up. A provider led investigation was requested in November 2014 and this was submitted within the requested time frame by the provider. The concerns were also documented at the centre and had been addressed by the provider and person in charge.

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):

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

Findings:

A full thematic inspection on this outcome took place on 10 July 2014 where all lines of enquiry were confirmed and reviewed by the inspector. The inspector found that caring for a resident at end-of-life was regarded as an integral part of the care service provided in the centre. This was evidenced by the detail provided within individual end of life care plans, and through feedback received from relatives who were involved in the care planning meetings.

36 of the 40 residents were accommodated in shared twin or four bedded rooms. Some feedback at the time of this inspection from residents' relatives related to the non-availability of private accommodation at the time of their relatives death. An action plan response stated that the provider was reviewing options to provide appropriate accommodation from a privacy and dignity perspective. The inspector was shown a private bedroom on the first floor in the process of refurbishment which would be available for residents who require end of life care and additional privacy for family and friends. The inspector was informed when this room was completed it would be made available and the use of the room would be discussed as an option for residents who were sharing a bedroom.

The policy on end of life care addressed all physical, emotional, spiritual and social needs of residents at end of life and promotes respect and dignity for dying residents. The practice was informed by the centre's policy on end of life care which in turn was informed by national policy such as hospice friendly initiatives. The policy also referred to the use of specialist palliative care and on the use of subcutaneous fluids, and close symptomatic medical and multi disciplinary care. The end of life care plans in place for all residents clearly documented residents' preferences. For example, holistic therapies such as massage and reflexology were available from a clinical nurse specialist who visited the centre and was observed interacting with residents and provided therapies as required and in collaboration with the medical and nursing care plan.

An oratory was available to assist with last offices.

Judgment:

Non Compliant - Moderate

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:

All lines of enquiry were followed during the most recent inspection on 10 July 2014 relating to a thematic review of this outcome and the provider was found to be in full compliance. Food and drinks were provided in quantities adequate for residents needs, and available on a regular and as required basis. Menus were reviewed and food options gave choice and variety, and were based on feedback from residents and inputs and review from the dietician. The inspector confirmed full compliance relating to this outcome, and there were no areas for improvement identified.

The main dining spaces on the ground and first floor were well furnished, and well ventilated, with space to move wheelchairs and mobility aids between the tables. The inspector observed mealtimes in both dining rooms at the centre and found that food was attractively presented and a social occasion. Residents were offered a choice of food at each meal time and individual preferences were readily accommodated.

The nursing and care staff monitored and supervised the meal times closely. Residents' who required their food to be modified, for example pureed, were served this food in individual portions and had the same choice of food at the main meal which was presently separately on the plate. The inspector observed staff seated beside residents assisting them with a meal and assisting one resident at a time with their meal.

The meal time provided opportunity for social interaction between staff, residents and relatives. Hot and cold drinks were provided during the day and with meals. For example, water, juices, diluted juices and sugar free carbonated drinks. Residents were observed to enjoy their meal and had a cup of tea and biscuits and a chat after their meal. Portion sizes were appropriate and all residents expressed satisfaction with their meals to the inspector on the day of the inspection.

Some residents took their meals in their bedrooms and had appropriate levels of supervision. However, a discussion was held with the clinical nurse manager to review this practice and consideration given to providing a suitable quiet space for residents with dementia who did not wish to attend the main dining space.

Relevant information pertinent to the meal times and catering provision was in place and was reviewed by the catering manager and person in charge. Snacks were provided at any time as requested, a variety of snacks, such as yoghurt, scones, crackers and fruit

were available and visible in communal day areas.

The Inspector found that weight records showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a regular basis. Records also showed that some residents had been referred for and received dietetic and speech and language (SALT) and/or dietetic review. The treatment plans for residents was recorded in the residents' records. Medication records showed that supplements were prescribed by a doctor and administered appropriately. However, the catering staff provided fortified meals as guided by dietetic assessment as a first choice if required.

Feedback on food service was provided and discussion held at the "Good Life" group to management by residents living at the service.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that all staff treated residents with dignity and respect, with regard to each individuals' privacy and dignity and that strong emphasis was placed on these values by management and all staff interacting with residents. However, some aspects of the use of the five shared bedrooms did not fully support the right to privacy for each resident.

The inspector confirmed that screening was in place in all shared rooms, but the physical screening did not fully protect each residents right to privacy. For example, eating and drinking and assistance with this activity took place in some of the four bedded rooms along with personal and intimate care activities.

Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter and this was confirmed by residents. Care in progress was clearly indicated and door kept closed whilst care was being delivered. The inspector observed staff interacting with residents in a friendly and courteous manner.

There was a written visiting policy and contact with family members was encouraged and facilitated. Visitor's could access refreshments and a canteen facility.

Residents' meetings took place within the centre and the inspector read the last minutes. Residents told the inspector they had opportunities to discuss issues as they arose with the person in charge, her deputy or any staff member. The person in charge told the inspector that any issues raised by residents for example, in relation to food or laundry were addressed at local level.

Residents had access to independent advocacy services, the advocate met with residents regularly and any issues raised were raised with the person in charge, to follow up on. The independent advocate had visited the centre a few days prior to the date of this inspection.

Relatives said if they had any query it was addressed immediately. They also said they were kept up to date with any changes in health or social care. Strong evidence of family meetings and communication prior to any admission were evidenced in the documentation and through the pre-inspection questionnaires.

The inspector found that most residents said they had flexibility in their daily routines, for example, residents could decide whether to participate in activities available to them. They chose when to go to bed and the times they got up each morning.

The inspector noted that televisions had been provided in residents' bedrooms. Residents had access to newspapers daily. Access to the internet and broadband was facilitated in house. The deputy manager stated that the Skype facility was also in place and the mass was broadcast live daily from the local Roman Catholic church for residents to see and attend if desired.

Judgment:

Substantially 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:

Residents admitted under the Nursing Homes Support Scheme had laundry services included in the overall fee and this was outlined in the contract of care, and resident's guide. Residents could have their laundry attended to within the centre, although in

practice some of the residents' families take personal laundry home. Residents and relatives expressed satisfaction and were complimentary about the laundry service provided. The inspector confirmed that laundry services were provided on site, but in a separate building and satisfactory arrangements were in place. A laundry and ironing room at the designated centre was staffed and was hygienic. Laundry was returned to residents and storage was provided at each bedside or bedroom.

Residents had access to a small lockable space in their bedside locker if they wished to store their personal belongings. There was a policy in place of residents' property in line with the regulations and a list of residents' property was maintained by staff. Records of resident's personal property were checked on admission, transfer and discharge and signed and updated when new items were brought into the centre for each resident.

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 staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents. Overall, the residents, relatives and staff confirmed that there were adequate levels of staff on duty and residents' needs were met in a timely manner. The inspector noted that 34 staff were involved with direct care of residents, and supported by catering, activity, household, laundry, portering, administrative and medical staff.

Access to additional staff such as social work, practice development, complimentary services, nutrition and dietetics, occupational therapy, physiotherapy, and speech and language was facilitated. Staffing levels were kept under review by the person in charge and her deputy on a regular basis. Staffing levels (direct care) were clearly stated in the statement of purpose and function both day and night. Residents and relatives confirmed to the inspector the availability of staff throughout the day and night and were happy with the standard of care at the centre. Additional staff included voluntary staff and an independent advocate, and care staff on work experience placements were

included on the staffing records.

Feedback from relatives spoken to by the inspector expressed satisfaction with the existing facilities and staffing levels. The inspector found that there was a very committed and caring staff team. The person in charge placed strong emphasis on training and continuous professional development for staff. Staff told inspectors that they felt well supported by the person in charge, her deputy and the management team.

A clinical nurse manager was individually responsible for supervising care for each of the two units. In practice the clinical nurse manager, staff nurses and health care assistants provided direct care and each unit had a daily handover and allocation sheet for each shift, with relevant information about each resident and their changing needs. An additional senior clinical nurse manager worked between Roseview and Oakview to support staff and provide management support.

Resident dependency was assessed using a recognised validated dependency scale and the staffing rotas were adjusted accordingly. The inspector found that the nature of resident dependency had not increased since the time of the last inspection in that 34 residents were long term and 6 residents were admitted for short-term respite admissions.

The inspector found that there were procedures in place for supervision of residents in the communal areas, and additional staffing could be sourced internally or via agency arrangements for unanticipated leave with a clear system in place that staff were familiar with.

Staffing and recruitment were reviewed with a sample of three staff files examined on this inspection. The inspector noted that all relevant documents were present, and vetting procedures were up to date. Administrative supports were in place to assist the provider and person in charge with this requirement.

Staff told the inspector they had received a broad range of training which included falls prevention, wound management, end of life care, infection control, non-violent crisis intervention, dysphagia, and the use of the a revised falls risk assessment tool.

15 of the 20 health care assistants employed had completed Fetac Education and Training Awards Council (FETAC) level five or above. The person in charge or her deputy regularly reviewed the training files to ensure all relevant mandatory training was provided in order to meet the needs of the residents. Training was provided for staff in areas such as medication management, fire safety and managing challenging behaviours.

The inspector reviewed all files and found that nursing staff had up to date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland).

Staff told the inspector there were open informal and formal communication within the centre, and they felt well supported. The inspector found that there were formal arrangements to discuss issues and residents needs as they arose, at nurses meetings

and staff meetings held regularly.

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:

Leone Ewings
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 Clare's Nursing Home |
| Centre ID: | OSV-0000517 |
| Date of inspection: | 24/03/2015 |
| Date of response: | 23/06/2015 |

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 03: Information for residents

Theme:

Governance, Leadership and Management

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

One contract of care remains unsigned by the residents' representative.

Action Required:

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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:

A follow up letter has been issued requesting the completed contract of care be returned to the home.

Proposed Timescale: 31/05/2015

Outcome 08: Health and Safety and Risk Management**Theme:**

Safe care and support

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

An external area adjacent to a flat roof and service area had not been fully risk assessed to fully mitigate risks of falling and injury associated with unrestricted access to this area.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

The services manager has discussed options with HSE estates following a risk assessment. It is proposed to place additional fencing in the area to mitigate against risk.

Proposed Timescale: 31/05/2015

Theme:

Safe care and support

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

Review hand washing facilities in four bedded areas to ensure that standards for the prevention and control of healthcare associated infections published by the Authority are fully implemented by staff.

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

All staff have attended hand hygiene training and hand sanitising products are accessible and available. The PIC will explore with HSE estates if there are options to put in additional hand washing facilities.

Proposed Timescale: 31/05/2015

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 physical environment did not fully comply with the collective and individual needs of each resident and was not fully in line with the Standards.

Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

This was addressed by the staff immediately after the visit and all available communal spaces are utilised.

The HSE has a lease on the premises with an opt out clause in 2019. However, a decision has been taken by the HSE to expand the scope of works in Clarehaven to add additional capacity and afford the HSE an opportunity to hand back the building in 2019.

A letter confirming this has been issued by the Assistant National Director of Estates and forwarded by the provider nominee by email on 05/06/2015. This letter confirms a design team is in place and funding for the project.

Proposed Timescale: 31/12/2017

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

The private accommodation option identified for refurbishment and use of residents for end of life care was not fully complete.

Action Required:

Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

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

This room has been refurbished and is awaiting final fit out e.g. blinds.

Proposed Timescale: 31/05/2015

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Personal activities for residents accommodated in five multiple occupancy rooms cannot always be undertaken in private.

Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

This was addressed by the staff immediately after the visit and all available communal spaces are utilised.

The HSE has a lease on the premises with an opt out clause in 2019. However, a decision has been taken by the HSE to expand the scope of works in Clarehaven to add additional capacity and afford the HSE an opportunity to hand back the building in 2019.

A letter confirming this has been issued by the Assistant National Director of Estates and forwarded by the provider nominee by email on 05/06/2015. This letter confirms a design team is in place and funding for the project.

Proposed Timescale: 31/12/2017