Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	St Columban's Nursing Home
Centre ID:	OSV-0000760
Centre address:	Magheramore, Wicklow.
Telephone number:	0404 67348
Email address:	colsrsww@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Missionary Sisters of St Columban (Ireland)
Provider Nominee:	Mary Patricia Quigley
Lead inspector:	Deirdre Byrne
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	0

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 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:
23 August 2016 09:30	23 August 2016 18:00
24 August 2016 08:00	24 August 2016 17:00

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

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

Summary of findings from this inspection

The inspector assessed compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards of Residential Care Settings for Older People in Ireland. The inspector reviewed documentation submitted to the Health Information and Quality Authority (HIQA) by the provider to renew the registration of the designated

centre.

As part of the inspection, the inspector met with residents, relatives and staff members, observed practices and reviewed documentation such as care plans, accident logs, policies and procedures. In addition, residents and relatives had submitted questionnaires prior to the inspection. Overall, positive comments were made about the service.

The inspector found the provider ensured there were robust governance arrangements in place with clear lines of authority in place. There were systems to review the quality and safety of care provided to residents. The inspector was satisfied with the on-going the fitness of the person acting on behalf of the registered provider (the provider) and the person in charge.

The provider was committed and willing to ensure a good standard of compliance with the regulations. The staff were familiar with the residents and their healthcare needs. Staff treated the residents in a kind, patient and dignified manner. Care was provided to residents in a timely and effective manner, with medical, pharmaceutical and a range of allied health professionals readily available to the service.

Residents were afforded choice in how they went about their day, and what services they availed of. There were complaints procedures in place and there was evidence that residents were consulted with about the running of the centre with good access to advocates of the residents' choosing. Residents were fully encouraged and facilitated to lead as independently active a life in the centre.

There were adequate staffing levels and skill mix to meet the residents' assessed needs and there were suitable staff recruitment processes in place.

However, there were a number of non compliances identified during the inspection and these were in relation to outcomes on: governance, safeguarding and safety, health and social care needs, and workforce.

There were 10 actions identified that required attention. There were two actions from the previous inspection of September 2014. These were addressed.

The issues identified at this inspection are outlined in the report and the action plan at the end of the report.

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

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

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

Findings:
The inspector was satisfied a written statement of purpose and function was developed for the centre that met the requirements of regulation 3 and Schedule 1 of the regulations.

The statement of purpose outlined the aims, mission and ethos of the service. It provided a clear and accurate reflection of facilities and services provided.

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 was satisfied that there was a clearly defined management structure that outlined the lines of authority and accountability in the designated centre. There were

systems in place to review the safety and quality of care of residents living in the centre. However, these required some improvement. The provider had not yet developed an annual review of the quality and safety of care provided to residents.

The centre is operated by the Missionary Sisters of St. Columban (Ireland). There is a chairperson and a board of six directors. The inspector met two directors during the inspection, one of whom was the person nominated to represent the provider (the provider). They were fully aware of their legal responsibilities in the running of the centre. The board of directors met four times a year and minutes of these meetings were seen by the inspector.

There was a committee of management team to oversee the day to day operation of the centre. The committee had delegated clear lines of authority and accountability of roles were in the centre. The provider who was based in the centre full time regularly meets the person in charge. The management team met four times a year to report on the operation of the centre, and they reported to the board of directors. The minutes of two most recent meetings were read, which covered specific topics in detail at each meeting. The committee met weekly on an informal basis to discuss any other matters going on in the centre but these meetings are not documented.

There were systems in place to monitor the quality and safety of care provided to residents. The person in charge oversaw an audit programme of clinical and non clinical risks in the centre. However, it was not fully evident how the audits brought about improvement in resident care. There had been a number of audits completed in 2016. A sample was read for areas such as: care plans, hand hygiene, safety checks, medicine management, food and nutrition, accidents and incidents and fire safety. As outlined above the system of auditing required improvement, as there were issues identified during the inspection that had not been picked up on by the audit process. For example, deficits in the care planning and assessment and aspects of falls management as reported in Outcome 11 (heath and social care needs).

The provider had not developed an annual review of the quality and safety of care delivered to residents as required under the regulations. The provider is aware of their legal responsibility and assured the inspector that a review would be completed. The provider said the completed review would then be submitted to HIQA.

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:
The inspector was satisfied that residents had an agreed written contract with the provider, and an information guide to the centre.

The inspector reviewed a sample of residents' contract of care. The document was signed within one month of entering the centre. The residents' fees and any additional charges for services provided in the centre were covered by their congregation.

The provided ensured each resident was provided with a guide in respect of the centre. It was read by the inspector and included a summary of services provided, the complaints procedures and the visiting arrangements.

Judgment:
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 inspector was satisfied that the centre was managed full time by a registered nurse with experience in care of older people.

The centre is managed by a suitably qualified and experienced manager. She was a registered general nurse with many years experience in the area of care of older people and in the management of the centre.

The person in charge was knowledgeable of the residents and their health and social care needs. It was evident she very familiar with the residents, and was observed stopping to spend time and talk with residents. The residents told the inspector the person in charge was always available to them and she regularly stopped by to talk to them. Staff informed the inspector they felt fully supported by the person in charge.

The person in charge had a post registration management qualification in a health related area. She completed all mandatory training and in house training. She kept herself up to date on the regulations, and was familiar with her responsibilities therein.

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 inspector found the documents outlined in Schedules 2, 3 and 4 of the regulations were maintained in a manner to ensure accuracy and ease of retrieval. An area of improvement regarding policies and an aspect of records required improvement.

There were policies and procedures in place as required by Schedule 5 of the regulations. However, some policies did not fully guide practice:

1. The policy on safeguarding of vulnerable adults did not reference the Health Service Executive (HSE) Safeguarding Vulnerable Persons at Risk of Abuse, National Policy & Procedures of 2014.
2. The infection prevention and control policy did not outline the procedures in the place to respond and manage an outbreak of an infectious disease in the centre.

This was discussed with the person in charge and the provider who said the policies would be updated to provide sufficient guidance.

The completion of fire drill records required improvement. For example, the follow up action taken where improvements were identified was not recorded.

The staff were knowledgeable of key operational policies. A nurse held discussions on policies with the staff, which ensured they were familiar with them.

There was evidence to confirm the centre was adequately insured against loss or damage to residents' property, along with insurance against injury to residents.

A hard copy directory of residents' information was maintained and it met the requirements of the regulations.

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:
The provider was aware of the requirement to notify HIQA of any proposed absence of the person in charge for a period of more than 28 days.

There were appropriate contingency plans in place to manage any such absence. A senior nurse would deputise for the person in charge in any planned absence.

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 there were measures were place to safeguard residents and protect them from the risk of abuse. However, the provision of elder abuse training for all staff required improvement.

There was evidence of elder abuse training provided to staff. However, the records indicated some staff members had not completed up-to-date training. In addition,

ancillary staff working directly with residents had not received training. Upon discussing this with the person in charge, the inspector was assured appropriate action would be taken immediately. The person in charge was requested to submit details of training dates for these staff following the inspection. Following the inspection a list of training dates confirming same was submitted to HIQA.

The training was facilitated by the person in charge the centre. An outline of what the training entailed had not been developed and this was discussed with the provider and the person in charge who said this would be addressed. The inspector spoke with staff who knew what action to take if they witnessed, suspected or had abuse disclosed to them. Staff also explained what they would do if they were concerned about a colleagues behaviour.

There was a policy on the prevention of elder abuse which was dated 2016. An area of improvement was identified as outlined in Outcome 5 (documentation). There had been no incidents of alleged abuse in the centre however, the person in charge was familiar with the procedures to be followed.

The inspector was informed by the provider that the residents do not individually have monies held on their behalf and therefore there were no procedures in place regarding residents' finances.

There was a secure entrance to the centre. A visitor's book was provided and all persons visiting the centre were required to sign it.

The inspector spent time talking with a number of residents during the inspection, who expressed their satisfaction with level of security in the centre and how safe they felt. This was confirmed by the comments in the questionnaires submitted by residents' relatives as part of the inspection.

There was a policy on the management of responsive behaviours which guided staff practice. At the time of inspection there were a small number of residents who presented with responsive behaviours. There were regular assessments completed and care plans were developed. However, the responsive behaviour care plan for a resident did not fully guide practice (see Outcome 11).

Staff informed the inspector how they would handle certain situations with residents. They used evidenced based tools to record incidents when required. Where psychiatric or psychological services had been referred to or appointments made, there were records on file of visits from these professionals and their recommendations.

There was a centre specific policy on the use restrictive practices. The provider had taken a proactive approach to in the implementation of the national policy Towards of Restraint Free Environment in Nursing Home's (2011). There were no bedrails or lap belts used in the centre. There was little or no use of chemical restraint in the previous months, and it was

Judgment:
Substantially 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 ensured there were arrangements were in place for the prevention and containment of fire; and to protect and promote the health and safety of residents, visitors and staff. An area of improvement was identified regarding responding to adverse events involving residents.

The systems in place to manage and document accidents and incidents required improvement. An incident log of accidents and events in the centre was reviewed by inspectors. The records included details of each incident. However, the actions taken, and learning to prevent reoccurrence were not documented. The person in charge assured the inspector a detailed review of each incident form would be carried out going forward. This is discussed in Outcome 2.

Inspectors reviewed an up to date safety statement for the service. The provider had policies on risk management that met the requirement of the regulations. A risk register was maintained. Risk assessments read were clear and detailed the controls in place to mitigate the likelihood of an adverse event, the risk rating, and the actions to protect residents from harm. The person in charge reviewed the risk register every three months.

Staff also completed training in movement and handling and in the use of assistive equipment such as hoists. There were non-slip safe floor surfaces. There were handrails provided along the corridors and call bells by each resident's bed, to support residents and to mitigate the risk of harm coming to residents in the centre. The centre was clean and well maintained.

There were systems in place to reduce the risk of infection. There were wash hand basins in communal areas, and a sufficient supply of hand gel dispensers, plus disposable gloves and aprons. There was an infection control policy in place, with an area improvement outlined in Outcome 5 (documents).

A centre specific emergency plan in place. There was alternative accommodation was available should the residents need to be evacuated.

There were adequate arrangements in place for the containment and prevention of the spread of fire. Suitable fire fighting equipment was provided for example, extinguishers, emergency lighting and alarm equipment. Service records read confirmed the equipment

was regularly serviced and in good working order. Evacuation procedures were prominently displayed in throughout the centre.

The staff were trained in fire safety, which they attended on an annual basis. The inspector found staff were knowledgeable of their role and the evacuation of residents in the event of fire. There were fire drills taking place every three months. Records were maintained, which included any outcomes and observations to bring about improvement in efficiency of evacuation. The follow up action taken to address improvements was not documented. See outcome 5 (documentation).

Each resident had a personal emergency evacuation plan (PEEP) which identified the level of assistance required by residents.

Judgment:
Substantially 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:
The provider ensured residents were protected by the centre's policies and procedures for medicine management. An area of improvement was identified.

The inspector viewed a sample of completed prescription and administration records with a nursing staff. However, an area of improvement in the prescription practices was identified. For example, "as required" (PRN) medications were administered without the maximum dose in a 24 hours period prescribed. This was not in line with the centre's medicine policy.

The medicine policy guided practice and administration practices were observed to be of a good standard, except the matter above. Nursing staff were knowledgeable of the policy and had completed medicine management training.

A number of residents self administered their own medications and centre-specific procedures guided staff to ensure the residents were safeguarded.

There were arrangements around accepting delivery and appropriate storage requirements. Temperature controlled medicines were stored in a refrigerator in the nurses office which was locked when not in use. The inspector found the temperatures were recorded daily and within acceptable standard limits.

Medicines 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. The inspector checked the balance of a sample of medicine and found it to be correct.

Written evidence was available that three-monthly reviews of residents' medicines were carried out. The general practitioner (GP) and the pharmacist were involved in the review, and each resident's prescription sheet was printed again after each review.

There was evidence of regular medicine audits carried out.

There had been three medicine errors in the centre in 2016. The person in charge investigated each error, and there was evidence of appropriate action taken. There was no evidence of shared learning with staff to bring about improvements in practice. This was discussed with the person in charge.

Judgment:
Substantially 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 was satisfied that a record of all incidents was maintained and where required were notified within the specified time frame to HIQA.

The inspector reviewed the records of accident and incidents. They were held electronically. The person in charge was familiar with the different incidents that were notifiable to HIQA within three working days. The person in charge also submitted a quarterly report outlining other incidents to HIQA.

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 residents' healthcare needs were maintained by a good standard of evidenced-based nursing care, they were regularly assessments and identified needs were set out in individual care plans. However, improvements were identified in the documentation of care plans and the practices in the management of falls.

The inspector reviewed four resident's files. There was an electronic care planning and assessment system. Residents' healthcare needs were comprehensively assessed on admission to the centre, and regularly thereafter. In addition, the nurses used recognised tools to assess residents' clinical needs. However, the falls assessment tool did not fully guide practice. For example, there was no overall score in order to identify the resident's level of risk. This was discussed with the person in charge.

There was care plans developed where a need was identified. However, documentation of some care plans required improvements:
- Some care plans were not updated as residents' needs or circumstances changed for example, following significant weight loss, or a fall resulting in an injury.
- Some care plans did not reflect nursing staff good practices and the interventions in place. For example, responsive behaviour care plans did not include the triggers, safeguarding measures, and the de-escalation measures to mitigate the behaviours were not included.
- The most up-to-date health professionals recommendations were not consistently incorporated into care plans e.g. speech and language therapy.

These matters were discussed with the person in charge. Before the end of the inspection updated and revised care plans were shown to the inspector.

The residents' care plans were formally reviewed every four months. Residents were invited to attend a meeting to review their assessed needs and discuss the care plans. This was confirmed by residents who spoke to the inspector. An advocate or a family member was nominated to represent residents unable to participate in the process.

There was a policy in place on the prevention of falls in the centre. However, the response to falls when they occurred required improvement. For example, neurological observations were not consistently completed if residents had a received a head injury or a suspected head injury. This was brought the attention of the person in charge who assured the inspector action would be taken to address this.

There were policies for the management of nutrition and wound care. Staff were familiar with these policies and there was evidence of good practice carried out.

There were daily nursing notes maintained and records of vital signs were read on body mass index, weight, blood pressure, temperature.

Residents' healthcare needs were supported by access to GP services and an out-of-hours GP service was available. If residents wished they could retain the services of their own GP also. There was access to a range of allied health professionals for example, speech and language therapist, chiropody, dental, optometry and psychiatric services. Letters of referrals and appointments were seen on residents' files.

The inspector found good practices were in place to meet the social care needs of residents. Residents' social care needs were regularly assessed. Overall, the residents' spiritual needs played an integral part their daily life in the centre. Mass was held each morning in the main convent and an oratory was also located in the centre if the residents chose to spend time there.

The residents could interact with their fellow sisters on a daily basis and they would visit the centre each day. The residents could access the main convent where the remainder of the congregation lived. There was a dining room, sitting areas and church located here also. Many residents went on walks on the extensive grounds accompanied by their fellow sisters or visitors. Some residents went on outings to meet friends, coffee trips and to see plays. There were many events on the congregation's religious calendar that all residents participated in.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
The design and layout of the centre met the assessed needs of the residents, and its stated purpose. The centre met the requirements of the regulations

The centre is a purpose built single storey building that accommodates up to 24 residents. It is located adjacent to the main convent building. Residents can access the main convent without having to leaving the centre. The centre was maintained to a very

good level of cleanliness and repair. There was ample natural light provided throughout the building.

There was a reception area into the centre. From this area was an entrance into the main convent which residents could also access. Within the centre there was a large living room. This was the central point for residents to sit during the day. It was a bright, nicely decorated room, with floor to ceiling windows providing plenty of light. A large dining room was located off the sitting room and divided by a partition wall. This wall could be opened up for large events. A server was available off the dining room.

There was a small living room at the back of the centre for residents to have some quiet time. A small coffee dock was provided to make tea, coffee or a snack. There were additional toilets located beside all communal rooms. If residents wished, they could spend time in a small oratory opposite the sitting room. All rooms used by residents along with bedrooms were provided with call bell facilities.

There were 24 bedrooms and all were single occupancy. The inspector was invited by one resident to visit her bedroom. The room was provided with a large en suite toilet, wash-hand basin and shower. The bedroom was very spacious in size with views of the gardens. A patio door opened into the secure garden. Bedrooms on the other side of the centre had views of the Irish sea. The bedrooms were tastefully decorated with plenty of storage for personal possessions and clothes. A call-bell was provided at each bed.

Eight bedrooms were provided with a tracker hoist which could be manoeuvred from the en suite to the bed. Staff had all been trained in the use of the equipment, which was regularly serviced and in good working order.

A large secure and landscaped garden was directly accessible from the centre including the sitting room and a number of residents' bedrooms. It was well maintained with paved areas and seating. A number of residents told the inspector they went for walks when they could. The doors were observed to be open into the garden during the inspection.

A separate sluice and cleaning room was provided. There were storage rooms were provided for equipment such as hoists and wheelchairs.

There were separate staff facilities including changing space and sanitary accommodation.

The main convent housed the kitchen and laundry facilities. Both of these areas were visited by the inspector. As reported above a servery was located off the dining room and a coffee dock in the small sitting room. An ancillary laundry was housed beside the sluice room.

Judgment:
Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative,

and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
The provider demonstrated a positive attitude towards complaints. There was complaints policy that was comprehensive and met the requirements of the regulations.

A complaints procedure was prominently displayed at the main entrance reception area. It contained sufficient guidance on how to make a complaint.

The inspector reviewed the records of logged complaints. There had been five complaints made in 2016. There was evidence of an investigation of complaints by the complaints officer. There was a timely response to each complaint along with a record of the action taken and each complainant's satisfaction.

The policy in the centre was that all complaints would be resolved locally before progressing to the formal complaints procedure. This was discussed with the person in charge who said all resolved local complaints would be 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector was satisfied that policies and procedures were in place to ensure each resident's end-of-life care needs were met.

There were no residents receiving end-of-life care on the day of inspection. The provider and person in charge outlined the procedures they followed in ensuring that end-of-life care for the residents was managed in an appropriate and sensitive manner. There was an end-of-life care policy to guide practice.

There were end-of-life care plans developed for each resident, which included their spiritual, religious and psychological wishes. There was evidence of clear decision making in relation to treatment decisions at end of life. There were written records of the discussions between residents and the GP. Where decisions were made, for example, definite decisions on resuscitation preferences, these were clearly incorporated into the residents' care plans. This was an action from the previous inspection and fully addressed. The process would be reviewed on an annual basis or more frequently if required.

A local palliative care team provided support and advice when required. Additional facilities were available for relatives and friends and overnight accommodation was available if required. The residents' bedrooms were all single occupancy and provided with en suite toilet and shower which ensured residents received privacy and dignity at their end of life.

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

Findings:
The person in charge ensured residents were provided with a choice of meals that were of adequate quantities, wholesome and met their nutritional needs.

The inspector spent time with residents in the centre's dining room during the lunchtime meal. A nurse supervised the meal. There was an adequate number of staff available to support residents who required assistance. The atmosphere was calm and sociable.

There was a variety of choice available at each mealtime, and the healthcare staff took residents' meal requests each day. This was confirmed by residents who spoke to the inspector. The inspector sat for a while with residents who spoke about the good quality food they were served. The meals looked and smelled wholesome and were nicely presented.

There were good practices to support residents who required assistance and staff were observed discreetly and respectfully assisting some residents with their meals. Some residents were provided with specialised crockery to enable them to eat independently.

The residents on a modified consistency diet received their prescribed diet, and systems were in place for nursing staff to communicate their needs with the catering staff and healthcare staff. Where residents required monitoring due to weight loss the person in charge described the systems in place to record their food and fluid intake. There were no residents being monitored at the time of the inspection. This had been an action at the previous inspection and will be followed up at later inspections.

The inspector ate a meal in the dining room of the main convent on the second day of the inspection. Many of the more independent residents came to have their meal in the room also. The meal was tasted and was very wholesome.

There was plenty of refreshments and snacks available during the day. The inspector saw residents being offered water, fruit juices and hot drinks. There was fresh fruit, cakes, soup and sandwiches provided between meals.

The inspector visited the kitchen and met the catering manager. There was good communication with the nursing staff who provided up-to-date information on each residents' assessed needs and dietary requirements. There was plenty of food in stock to ensure residents received meals and snacks in quantities and at a regularity that met their assessed needs.

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 residents' privacy and dignity was respected and they were involved in the overall management of the centre. There were good links the community and choice in how the residents went about their life.

There was a residents' committee that was independently overseen by the residents. The residents chose the frequency of the meetings. The residents documented the meetings and gave a copy of the minutes to the person in charge who would follow up on any issues raised. A copy of the recent meeting's minutes was read and issues were

mainly around the upcoming HIQA inspection of the centre.

A number of the sisters from the congregation acted as the residents' confidantes or advocates and would relay any worries or concerns on their behalf to the person in charge. A pastoral sister from the congregation had been appointed to act as an advocate for the residents.

There was a visitor's room available where residents meet family and friends in private.

The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name. They spoke with the residents in a respectful and patient manner.

Residents' civil and political rights were respected. The provider told the inspector about the arrangements for residents to vote in-house which was facilitated by the local county council and this took place at each election. Residents could choose to vote at a local polling station if they wished also.

There were newspapers were provided and left out for residents. A telephone was provided in each resident's bedroom. There was access to the internet available.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
There was suitable storage space for residents' clothing and their personal possessions. A lockable drawer was available in each resident's bedroom if they required it.

There were suitable laundry facilities available in the centre. A member of staff outlined the laundry arrangements in place. Each piece of clothing was labelled by the staff. After clothing was laundered it was then returned to the residents' bedrooms.

The residents expressed their satisfaction with how their clothes were laundered and returned to them.

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 there were adequate staffing levels and skill mix to meet the residents' needs. The system of staff supervision required improvement.

There was no formal system of staff supervision in the centre. The person in charge was based in the centre 4 to 5 days per week and met staff on a regular basis. However, staff meetings were not taking place on a regular basis. The last documented minutes were from January 2015. Therefore it could not ascertained how staff were being updated on issues in the centre and their responsibilities.

A planned roster was reviewed which reflected the staff on duty. A registered nurse was present at all times in the centre, 24 hours a day. On the day of inspection the staff consisted of the person in charge, one nursing staff and four care assistants (HCAs). In addition, there were full time cleaning, laundry and catering staff along with a maintenance personnel. The provider was based in the convent next to the centre and oversaw the day-to-day running of the centre and the management of non clinical issues. The provider reviewed staff levels when required to ensure they reflect the design and layout of the centre and the residents' assessed needs.

The staff had received mandatory training in fire safety. There were gaps in elder abuse training as outlined in Outcome 7 (safeguarding and safety). There was evidence of other training for staff since the last inspection in areas such as dementia care, movement and handling, medicine management, cardio-pulmonary resuscitation (CPR) and food hygiene.

There was a recruitment policy in place which provided direction. The inspector reviewed a sample of staff files and found the documentation on each met the requirements of Schedule 2 of the regulations. There was an induction process in place for new staff. An annual appraisal was completed for each staff member.

Judgment:
Non Compliant - Moderate

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:

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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	St Columban's Nursing Home
Centre ID:	OSV-0000760
Date of inspection:	23/08/2016
Date of response:	29/09/2016

Requirements

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

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

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The systems of reviewing the service provided requires review to ensure deficits are identified and addressed.

1. Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

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

monitored.

Please state the actions you have taken or are planning to take:
a) Audit format related to care planning has been updated and now
-clearly identifies any inconsistencies
-states the action to be taken
-outlines the support required to enhance residents quality of life
-staff meetings have been organised to discuss/learn and encourage ongoing improvements with care planning.

Proposed Timescale: 30/09/2016

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had not developed an annual review of the quality and safety of care delivered to residents.

2. Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:
b) We have commenced collecting data for Annual Review of Quality and Safety of care to residents for 2015 which will be completed at time stated below.

Proposed Timescale: 30/11/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy on safeguarding of vulnerable adults requires review to ensure if reflects national guidance and evidence based practice.

The policy on infection prevention and control did not guide practice in the management of an infectious disease outbreak in the centre.

3. Action Required:
Under Regulation 04(3) you are required to: Review the policies and procedures

referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
-Policy on Safeguarding of Vulnerable adults now references HSE National Policy and Procedures of 2014.
-Since the Inspection the Infection Prevention and Control Policy has been amended and the new data inserted now clearly states the guidance of practise of an infectious outbreak in the Nursing Home.

Proposed Timescale: 21/09/2016

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The follow up action taken after fire drills was not documented.

4. Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
-Since Inspection - following a Fire Drill any learning/issues identified for improvement along with good practices is now discussed at management level and conveyed back to staff encouraging ongoing improvement.
-Fire Drill report now clearly states the time when the fire drill is completed along with any issues identified/actions to be taken. All fire drills are documented and are kept in Nursing Home and accessible for staff, residents, inspectors to read.

Proposed Timescale: 20/09/2016

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Ancillary staff working directly with residents had not been trained in the prevention of abuse.

Some staff had not completed up-to-date training in the prevention of abuse.

5. Action Required:
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:
-ANNUAL training on responding to Elder Abuse will be available for all staff (including ancillary staff).
-Any new staff members will be trained automatically as part of their induction
-All staff including ancillary staff have completed Elder Abuse training. (training held from 1st September - 20th September).
-Training is now clearly stated in Elder Abuse Policy.

Proposed Timescale: 20/09/2016

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence of the action taken or learning from incidents occurring in the centre.

6. Action Required:
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
The Risk Management Policy along with our Adverse Incident Policy now clearly states arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Proposed Timescale: 21/09/2016

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Nursing staff administered as required (PRN) medicines without the maximum dose in 24 hours prescribed.

7. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident

concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
New Medication Kardex has been developed and now complies with regulatory requirements, which includes medicines as required with the maximum dose in 24 hours as prescribed by GP.

Proposed Timescale: 19/09/2016

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:
The completion of some residents care plans required improvement as outlined in the inspection report.

8. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:
-Meetings with Nurses regarding the immediate need to update Resident's Care Plans as their condition changes, i.e. weight loss, falls-with recording of neurological observations.
-Improvement of Care Plans are now in process and reviewed regular by Nurse on Duty, Director of Nursing and Assistant Director of Nursing to ensure they are all relevant to Resident's care needs as they occur, thus the appreciation of total care through interlinking of Care Plans.
-Any inconsistencies identified are discussed with all Nurses, to learn and encourage ongoing improvements.

Proposed Timescale: 30/11/2016

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Practices in the management and response to falls requires improvement.

9. Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with

professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
A new Falls Risk format has been sourced and is in place which now
-gives a score and clearly identifies the Resident's level of risk
-provides clear guidance to staff to help prevent the risk of falls

Nurse on Duty now has clear guidance of practise to follow as stated in Policy and Procedures, post-fall – head injury/suspected head injury regarding neurological observations etc. Nursing Staff follow procedures and document all findings.

-an audit of falls and outcomes will be carried out annually.

Proposed Timescale: 20/09/2016

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The system of staff supervision requires improvement.

10. Action Required:
Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
-Staff meetings are now scheduled regular for the rest of the year as follows;
Management Meetings – monthly
Nurses Meetings – 6 weekly
All Staff Meetings – 3 monthly
These meetings will be minuted to ensure good communication, learning, and encourage ongoing improvement.
-Minutes of meetings will be accessible to both residents and staff to enhance quality of care for residents in Nursing Home.
-Supervision of staff in Nursing Home is carried out on an ongoing basis by Nurse on Duty, Director of Nursing, Assistant Director of Nursing and Provider by communicating both verbally and written throughout the day and night, e.g. verbal reports both paper and electronic documentation input by all staff.
-Regular auditing of these reports will commence to ensure care practices are being implemented and this will be continual.

Proposed Timescale: 16/12/2016