

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ave Maria Nursing Home
Centre ID:	OSV-0000315
Centre address:	Tooreen, Ballyhaunis, Mayo.
Telephone number:	094 963 9999
Email address:	avemarianursinghome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Cummer Care Limited
Provider Nominee:	Anne Feeney
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	29
Number of vacancies on the date of inspection:	5

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times

From:	To:
12 May 2017 10:00	12 May 2017 18:00
15 May 2017 10:00	15 May 2017 14:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
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	Compliant

Summary of findings from this inspection

This was an announced inspection in response to an application by the provider, Cummer Care Limited. to the Health Information and Quality Authority (HIQA) to renew registration of this centre. The current registration of this centre is due to expire in August 2017. The fitness of the provider representative and the person in charge has been determined by interview during previous registration inspections,

ongoing regulatory work that included unannounced inspections, ensuring compliance with the regulations and standards. The provider and person in charge were clear about their commitment to ensuring providing a service was run which had positive outcomes for residents, adequate staff were available with the required skills, and the welfare of residents was paramount.

Five residents and seven relatives completed a pre-inspection questionnaire. On review of these and from meeting relative and residents during the inspection the inspector found that residents and relatives were very positive in their feedback with regard to the facilities, staff, management, the overall service and care provided. Residents spoken with on the day of inspection told the inspector that they 'liked living in the centre and were very complimentary of the service provided staff and the management team. They stated they were well cared for, staff were very attentive, this is a great place to live, delighted I came here, came here as it has a great name locally and confirmed when the weather was good they had free access to go outside. Relatives conveyed that staff welcomed them when they visited, were helpful and indicated that if they wished to discuss an issue that staff were readily available and well informed. Residents were satisfied with the activity schedule, the menu and food choices available, the way residents were listened to, the choices they could make with regard to their daily schedule.

The inspector reviewed documentation submitted by the centre since the last inspection, met with residents and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector found that overall residents' health care needs were well supported with good access to allied health professionals. Medication management practices were found to be compliant and mandatory training was up to date for all staff.

An unannounced dementia care thematic inspection had previously been carried out by HIQA in March 2016. The areas which required review from this inspection related to care planning, provision of dementia specific activities, erection of dementia specific signage, provision of adequate storage space, and completion of regular fire drills, particularly a simulated night time situation when staffing levels are lowest. All actions had input, but actions with regard to fire drills and storage of equipment required further work. on this inspection. Compliance or substantial compliance was found in many outcomes. Actions that require to be undertaken by the provider/person in charge are contained in the action plan at the end of the report.

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

There was a written statement of purpose (SOP) which consisted of a statement of the aims, objectives and ethos of the centre, detailed the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations. A new person in charge had been recently appointed and he was in the process of updating the SOP. A copy of the updated statement of purpose is to be forwarded to the HIQA as a current SOP is required for registration/renewal of registration of the centre.

Judgment:

Substantially 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 management team facilitated the inspection and welcomed the inspection process.

They had appropriate documentation prepared and easily accessible on arrival for the inspector and gave a firm commitment to address actions discussed at the feedback meeting.

The inspector found there were sufficient resources to ensure effective delivery of care in accordance with the Statement of Purpose. There is a clearly defined management structure that identifies the lines of authority and accountability. Since the last inspection there had been a change to the person in charge. He had an understanding of the regulations and standards. He was supported in his role by a experienced clinical nurse manager and the provider representative and her husband who both worked full-time in the centre. Fitness of the provider, person in charge and the clinical nurse manager (person participating in the management of the centre) will continue to be determined by ongoing regulatory work, including further inspections of the centre and level of compliance with actions arising from all inspections and any communication received with regard to the centre.

An auditing system was in place and the new person in charge was in the process of reviewing this. The current auditing system did not support the management team to ensure the service was being run in line with contemporary evidence based practice, the regulations and the standards. Aspects of the quality assurance program reviewed required further development. Where deficits were identified action plans were developed and changes implemented to improve practice.

A report of the annual review of the quality and safety of care delivered to residents was available. This incorporated the findings of a satisfaction survey completed with family members and residents. However, this report did not reflect all quality and safety aspects of the delivery of care to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Health Act.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

A comprehensive resident's guide detailing a summary of the service provided was available. The inspector reviewed a sample of residents' contracts of care and found that there was an agreed written contract in place for each resident. The contract was clear

with regard to services which were included under the contract and services which were subject to an additional fee payable by the resident were detailed.

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 person in charge is a registered nurse in the fields of mental health and general nursing and has 19 years experience of working with older persons. He also had management and legal qualifications.

The inspector reviewed the roster which demonstrated that the person in charge is employed full-time. During the inspection he demonstrated that he had knowledge of the Regulations and Standards pertaining to designated centres. Staff were familiar with the organisational structure and confirmed that good communications exist within the staff team. Residents knew a new director of care had commenced employment and he was seen to converse well with residents. He planned to work on the floor on a regular basis and supervise the delivery of care to residents. The centre promoted a philosophy of care which was resident focused and he spoke about enhancing this and ensuring that the service was run to facilitate positive outcomes for residents.

He maintained his professional development and had completed a train the trainer course, a Fetac level 6 course in Gerontology, a supervisory health care management course and a dementia care mapping course. His mandatory training in protection of vulnerable adults, manual handling and fire safety and his registration was up to date with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) were all in date.

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:

From a sample of records reviewed the inspector found that 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 (as amended) were available.

These included staff recruitment and residents' care, the centre's statement of purpose. Improvement was required in relation to the maintenance of records associated with fire safety drills, which is discussed further in Outcome 8.

On review of a sample of staff files reviewed the inspector found that all documents required were in place.

A record of visitors and the directory of residents were available and maintained in the centre, as required. The centre's insurance cover was current and a certificate of insurance was available.

Operating policies and procedures for the centre, as required by Schedule 5 of the regulations were in place. The person in charge informed the inspector that he was in the process of reviewing these.

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:

Appropriate arrangements were in place for the management of the centre in the absence of the person in charge. An experienced clinical nurse manager who worked full-time and qualified as a registered nurse in 1999 deputised in the absence of the person in charge. She had maintained her professional development and had completed courses in mediation management, safe management of epilepsy dementia and nutritional care and early identification of memory problems in older persons.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy on safeguarding vulnerable adults. This included information on the various types of abuse, assessment, reporting and investigation of any allegations of abuse. The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. During discussion with the inspector, some staff members demonstrated their knowledge regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged, or suspected abuse. The centre had submitted a notification with regard to protection. This had been appropriately managed. The provider representative confirmed in writing to HIQA that all staff currently employed have Garda Siochana vetting in place.

The inspector reviewed arrangements in place with regard to residents' finances. The centre did not act as an agent for any resident. Petty cash was kept in safe keeping for resident. Transparent arrangements were in place with regard to the documentation of all transactions. Receipts were available for all monies spent and two signatures were documented for monies in and out.

There was a visitors' record located by the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents. The inspector saw that this was signed by visitors entering and leaving the building. Residents confirmed that they felt safe in the centre and contributed this to the

presence of staff, doors being secure and the dogs.

The inspector discussed the needs of the current residents with the clinical nurse manager. She confirmed that currently they had no residents who displayed responsive behaviour. However she described how they would manage responsive behaviour with the use of behaviour monitoring logs and the development of a behaviour management plan.

Restraint practices were regularly reviewed and well managed. A policy on enabler/restraint use was in place to guide practice. There were risk assessments completed for residents who had bed rails in place. Assessments gave consideration of the risks associated with the use of the restraint measure. All bedrails were in use as enablers. Care plans were in place detailing the enabling function of the bedrail.

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):

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

Findings:

The action with regard to completing a simulated fire drill with night staffing levels had not been completed. the action with regard to fire drills records was partially complete. The health and safety of residents, visitors and staff was promoted in this centre. The risk management policy had been reviewed since the last inspection and was found to comply with current legislation and detailed measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm. An organisational safety statement with an accompanying risk register was available. This register contained risk assessments in relation to environmental risks such as cleanliness and tripping hazards.

There was a centre-specific emergency plan that took into account a variety of emergency situations. Clinical risk assessments were undertaken, including falls risk assessment, nutritional care assessments. Neurological observations were completed post un-witnessed falls to monitor neurological function.

On review of the fire training records, the inspector saw that fire training had been undertaken by all staff. Staff spoken with knew what to do in the event of a fire. While fire drills were being completed regularly, the procedures to record fire drills required

review. The fire drill records did not record the scenario or type of simulated practice, including the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario. No drill had been undertaken with night staffing levels and in the area where the greatest number of residents would require evacuation. Additionally there was poor documented evaluation of learning from fire drills completed for staff to evaluate what worked well or identify any improvements required.

Fire records showed that fire equipment had been regularly serviced. The fire alarm was last serviced on the 9 May 2017 and a contact is in place for quarterly servicing. The inspector found that all internal fire exits were clear and unobstructed during the inspection. Evacuation maps and procedures were displayed throughout the premises.

Records were maintained of accidents and incidents. Factual details of the accident/incident, date event occurred, name and details of any witnesses and whether the general practitioner (GP) and next of kin had been contacted. The clinical nurse manager or the provider nominee had signed each form. The provider has contracts in place for the regular servicing of all equipment and the inspector viewed records of equipment serviced. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs. There were moving and handling assessments available for all residents. All staff had up to date training in manual handling and in the use of the hoists. There was a declaration of conformity for emergency lighting and this was completed annually.

The environment was observed to be clean. Staff who spoke with the inspector was knowledgeable in infection control procedures and training had been provided. Staff had access to supplies of gloves and disposable aprons and was observed using these as they went about their duties.

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:

Nursing staff had completed medication management training. The inspector observed one of the nursing staff on part of their medication round and found that medication was administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. There

were operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Antibiotic use was monitored and there was evidence of regular medication reviews by the general practitioners.

There was evidence that MDA drugs were checked twice daily by two nurses. The prescription sheet included the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. Maximum does of PRN (as required medication) was recorded.

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 reviewed records of accidents and incidents that had occurred since the last inspection in the designated centre. On review of these incidents and cross referencing with notifications submitted the inspector found that one incident that should have been submitted as an Nf03 had not been submitted. This was submitted immediately post the inspection and the clinical nurse manager explained that she had overlooked this. All other relevant notifications had been submitted to the Chief Inspector.

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):

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

Findings:

There were 29 residents in the centre on the day of inspection. Nine residents were assessed as having maximum dependency needs, 12 had high dependency needs, three had medium and three were low dependency. There were no residents with pressure wounds at the time of this inspection.

The inspector found that the healthcare needs of residents were met. Residents had good access to a choice of General Practitioner, allied health professionals, palliative care and psychiatric services. Out-of-hours General Practitioner service were also available to residents in the centre. Residents' records confirmed they had timely access to these specialist services as required in addition to support to attend out-patient appointments. Residents' care needs were assessed on admission and thereafter using validated risk assessment tools which informed completion of care plans to direct care interventions to meet each residents' identified needs. Care plans were person centred and a care plan was in place for each identified need. An evidenced based strategy was in place to prevent falls whilst also promoting residents' independence. A physiotherapist visited the centre weekly basis.

The inspector found that residents' pain relief needs were met. A validated assessment tool was used to assess residents' pain levels, there was evidence that this was used regularly and that when analgesia was administered its effectiveness was monitored. Daily progress notes were completed and were generally linked to care plans. The activity staff kept separate records with regard to social care engagement of residents. There was good evidence of transfer of information between the centre and acute healthcare providers. Discharge summaries for those who had spent time in acute hospitals were available in the medical files reviewed. Arrangements were in place to ensure care plans were reviewed on a four-monthly basis or more often in response to changing needs but there was inconsistent documented evidence that residents and their relatives were involved in care plan development and reviews thereafter in the files reviewed.

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:

All bedrooms are single ensuite rooms. There are two day sitting rooms, dining room and oratory available for use by residents. There is comfortable seating in the foyer which is used throughout the day by residents and visitors. Signs to enhance orientation for residents were in place

There were a sufficient number of toilets, baths and showers provided for use by residents. Toilets were located close to the day room for residents' convenience. Each resident had sufficient space to store their clothing and personal belongings.

Bedrooms and communal areas were found to be clean, well ventilated and comfortably warm. Hand testing indicated the temperature of hot water did not pose a risk of burns or scalds. Separate changing facilities are provided for care and kitchen staff to enhance infection control practices. There was appropriate equipment for use by residents. Staff were trained to use equipment. equipment was found to be appropriately stored on this inspection.

Planning permission has been obtained for a extension to include a further 6 en-suite bedrooms, a pampering room, extending one of the sitting rooms and a bathroom.

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/person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure. A designated individual

was nominated with overall responsibility to investigate complaints. A summary of the complaints procedure was displayed prominently and was included in the statement of purpose.

A complaints policy was in place. This detailed a comprehensive process for dealing with a complaint which complied with the regulations. No complaints were being investigated at the time of this inspection. A complaints log was in place. This contained the facility to record all relevant information about complaints. The independent appeals process if the complainant was not satisfied with the outcome of their complaint meets the requirements of the regulations.

Judgment:

Compliant

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was no resident actively receiving end of life care at the time of this inspection. Evidence of a good standard of medical and clinical care at end of life with appropriate access to specialist palliative care services was described by nursing staff. Staff described how they would ensure that residents' physical, emotional, social, psychological and spiritual needs would be met. Residents approaching end of life had end of life care plans in place. Where residents had expressed specific wishes these were documented. Resident's choice regarding transfer to hospital was recorded.

Staff described how they respected the wishes of residents not wanting to discuss end of life care. The assistant director of nursing informed the inspector that links were made with the local palliative care team who provided support as required. Pain assessment and monitoring charts were in place to ensure the effectiveness of any analgesia was monitored. Contact details of the local palliative care services were available in the nurses' office.

An oratory was located in the centre. Staff stated the local parish priest was freely available to the service and knew the residents well. Details were available in the centre of other religious ministers.

Judgment:

Compliant

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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:
This outcome was inspected in March 2016 as part of the thematic inspection.

The inspector found that a nutritious and varied diet was offered to residents that incorporated choice at mealtimes and staff offered assistance to residents in an appropriate and sensitive way. Residents were offered snacks and refreshments at various times throughout the day.

Residents spoken with during the visit and relatives in questionnaires returned to HIQA praised the food and the choices available to them. Residents' food likes and dislikes were recorded and meals served in accordance with their preferences and dietary restrictions. There was a choice for all residents to include those on pureed diet.

There was monitoring of residents nutritional and hydration needs. This were well completed and provided a reliable tool to assess early warning signs to identify when residents were at risk of dehydration and nutritional deficit. Staff had attended training on nutritional care.

One resident had evidence of unintentional weight loss. However this residents was under the care of the palliative care services. A dietician and speech and language therapist attended the centre as necessary and assessed residents with or at risk of unintentional weight loss and set out recommendations to supplement their intake as appropriate. Recommendations of specialist services were documented in residents' care plans reviewed.

Residents' weights were checked on a monthly basis or more often if necessary and records were trended to inform timely interventions and track progress for each resident at risk. Reference sheets were available outlining residents' special diets including diabetic, modified consistency diets and need for thickened fluids. Arrangements were in place for communication of residents' dietary requirements to the kitchen.

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):

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

Findings:

There was evidence of a good communication amongst residents, the staff team and relatives. Staff were observed to protect the privacy and dignity by knocking on bedroom doors before entering and ensuring that curtains were drawn around the beds. The premises contains all single en – en-suite rooms.

During the day, residents were able to move around the centre freely. The front doors were always open. A variety of newspapers and magazines were available to residents. An independent advocate was available if required. The provider representative took a lead on the organising activities. A planned programme of activities was scheduled throughout the day. Themed events for example on special days and seasonal activities and Chinese evenings, Italian evenings were organised. Residents spoken with were complimentary of the activities offered and some commented 'there is always something to do'.

There was evidence that residents had choice in regard to their daily routines such as getting up or participating in activities. Residents had access to religious services, Mass was celebrated daily (this was because a resident was a priest) and voting arrangements were made when required. Residents had access to the television and/or radio. A cordless phone was available so that residents could receive or make telephone calls in private.

Visiting times were flexible and visitors could avail of a private facility if they so wished. Residents' forum meetings were held at regular intervals and were minuted. There was evidence of consultation with residents and their feedback influenced decisions made. The inspector observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff and residents knew each other well.

Social care planning was undertaken. Each resident had an assessment completed to determine their specific past interests and to inform the activities provided to meet their needs. The provider representative was committed to providing interesting and varied activities for residents and made efforts to schedule a varied activities programme. dementia friendly activities to include imagination gym reminiscence and storytelling

were scheduled.

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 a policy on the management of residents clothing and possessions. Each resident had a single en-suite bedroom with an individual wardrobe and locker and access to a secure area where they could store personal valuables. Residents clothing was laundered on the premises and residents expressed satisfaction with the service provided and the safe return of their clothes to them. A record was kept of each resident's personal property and this was updated regularly.

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 reviewed the actual and planned staff roster and the staff numbers on the day correlated with the roster. The staff roster accurately reflected the numbers of staff on duty. Residents and staff spoken with expressed no concerns with regard to staffing levels. Staff were available to assist residents and residents were supervised at all times. Residents were complimentary of the staff and staff "they are great, there is always someone around". Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers and skill-mix were appropriate to meeting the assessed needs of the complement of residents accommodated. A registered nurse was on duty at all times.

The normal allocation of staff on duty was the person in charge and or clinical nurse manager and a nurse and five care assistants up to 16:00hrs, Two nurses to include the person in charge and three carers from 16:00 until 20:00hrs and one nurse and two carers from 20:00hrs until 22:00hrs . On night duty the allocation was one nurse and one carer. Additional catering, housekeeping, maintenance and administration staff is available. In order to keep this level of staff many staff had to work extra shifts. However the provider has recruited three new nurses which are due to start in mid May 2017.

A staff training programme was on-going. All staff had up to date training in fire safety, safeguarding of vulnerable adults and manual handling. Additional training and education relevant to the needs of the residents profile had been provided for example infection prevention and control, hand hygiene, medication management , dementia care, end of life care and continence care.– what matters to me, care of the older person, positive behaviour management, and nutritional care.

There were no volunteers working in the centre at the time of this inspection.

An Bord Altranais agus Cnáimhseachais na hÉireann registration numbers were available for all registered nursing staff employed.

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:

Mary McCann
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:	Ave Maria Nursing Home
Centre ID:	OSV-0000315
Date of inspection:	12/05/2017 and 15/05/2017
Date of response:	14/06/2017

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

A new person in charge had been recently appointed and he was in the process of updating the SOP. A copy of the updated statement of purpose is to be forwarded to the HIQA as a current SOP is required for registration/renewal of registration of the centre.

1. Action Required:

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

Under Regulation 03(2) you are required to: Review and revise the statement of purpose at intervals of not less than one year.

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

A statement of purpose has been completed by the new DOC – Ger O Brien , this has been forwarded via post to HIQA

Proposed Timescale: completed may 2017

Proposed Timescale: 31/05/2017

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:

An auditing system was in place and the new person in charge was in the process of reviewing this. The current auditing system did not support the management team to ensure the service was being run in line with contemporary evidence based practice, the regulations and the standards. Aspects of the quality assurance program reviewed required further development. Where deficits were identified action plans were developed and changes implemented to improve practice.

2. 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 monitored.

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

A new auditing system is been put in place to audit the new data collection the centre has implemented. This will allow management to evaluate and improve the centres best practices. It will ensure the service is safe, appropriate, consistent and monitored effectively.

Audits will be carried out by management on a three monthly basis to effectively monitor the care been provided to each resident.

Areas for improvement will be identified through the audits and action plans developed and implemented to ensure best practices are upheld.

The new auditing system will support the management team, in ensuring the service is being run in line with contemporary evidence based practice, the regulations and the standards.

Proposed Timescale: 6 MONTHS

Proposed Timescale: 31/12/2017

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:

The fire drill records did not record the scenario or type of simulated practice, including the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario.

No drill had been undertaken with night staffing levels and in the area where the greatest number of residents would require evacuation.

There was poor documented evaluation of learning from fire drills completed for staff to evaluate what worked well or identify any improvements required.

3. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Action has been taken to simulate a night time fire drill on the 30/5/17. A night time scenario was simulated by fire training Officer Philip McKiernan using only night time staffing levels. This has been recorded and documented by Philip

Fire drills will be performed twice monthly.

1- A night simulation drill will take place each month.

2- A day time simulation will take place each month.

All drills will be recorded and documented in detail and evaluated with the staff after each drill, to ensure learning for all involved and to ensure areas of weakness can be improve

Proposed Timescale: ONGOING

Proposed Timescale: 14/06/2017