



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St Anne's Private Nursing Home
Name of provider:	Kathleen Smyth
Address of centre:	Sonnagh, Charlestown, Mayo
Type of inspection:	Unannounced
Date of inspection:	25 and 26 July 2018
Centre ID:	OSV-0000387
Fieldwork ID:	MON-0024569

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St Anne's Private Nursing Home is a two storey premises located in a rural area close to Charlestown in County Mayo. Accommodation is provided on the ground floor in 10 single bedrooms and nine twin bedrooms, each with an en suite toilet and wash-hand basin. The centre provides residential, respite and convalescent nursing care to 28 residents from the surrounding catchment area. St Anne's Nursing home's objective is to provide a high standard of care in accordance with evidence based best practice; to provide a living environment that as far as possible replicates residents' previous life-style; to ensure that residents live in a comfortable, clean and safe environment.

The following information outlines some additional data on this centre.

Current registration end date:	21/10/2019
Number of residents on the date of inspection:	18

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
25 July 2018	08:30hrs to 16:30hrs	Una Fitzgerald	Lead
26 July 2018	08:00hrs to 12:30hrs	Una Fitzgerald	Lead

Views of people who use the service

The inspector spoke with multiple residents about what it was like to live in the centre. The inspector also spent time observing resident and staff engagement. Residents expressed high levels of satisfaction with the care they received. The atmosphere observed in the communal sitting room was open and welcoming with a member of staff available to the residents at all times. All residents said that they were safe in the centre. They felt that their call-bells were answered and staff knew their individual likes and dislikes. The residents were very happy with the food and the choice offered on a daily basis. Residents informed the inspector that they would like outings to be organised. Overall, residents were happy that the activities within the centre met their needs.

Capacity and capability

The Health Information and Quality Authority have carried out three inspections within this centre in 2018. This inspection was carried out to ensure that the compliance plan response received from the last inspection had been completed. In addition, the inspector followed up on the improvements made in the service from the February inspection to assess if they have been sustained.

Following the inspection in February the provider had stopped all admissions to the centre. This step was taken to protect residents and also support the new management team in bringing the centre back into regulatory compliance. Following this inspection the provider is once again accepting new admissions. HIQA will continue to monitor the centre to ensure that the improvements made are sustained.

The inspector found that the governance and management structure is now established and the lines of authority and accountability were defined. The inspector was satisfied that the care delivered to residents was safe, appropriate, consistent and effectively monitored. The management team were working cohesively to ensure that a good service is delivered. A comprehensive auditing schedule is now in place. In addition, where improvements were identified, action plans to address the gaps are in place. The management team met monthly and the minutes of the meetings were available for review. Statistical information was gathered weekly to inform the management team. The inspector saw clear evidence of the progress made in the monitoring of the service in both the direct provision of care to residents and also in the day to day operational running of the center.

The inspector spoke with staff. Staff turnover was low. This impacted positively on

residents as staff knew their needs. The management team had reviewed the recruitment and orientation process for all new staff. The centre had not employed any new staff since the last inspection. The person in charge had reviewed the process and time frame for the mentoring and induction of all new registered nurses which is now extended over two weeks for nursing staff. In addition, all current staff have been issued with an annual appraisal review form for completion and a scheduled date to meet with the management team to address any concerns or supports required.

Residents within the centre felt safe. The residents informed the inspector that the provider was available to speak with them at any time. Residents would not hesitate to raise any concerns regarding the quality and safety of care delivered. Residents felt their views were listened to and considered. On review of documentation, the inspector found evidence of a historic safeguarding allegation that had occurred. Appropriate measures to ensure that the resident was protected had been taken. The safeguarding team had also been contacted and advice received. The inspector was satisfied with the steps taken by the management team. However, HIQA had not been notified of the allegation as is required by the regulations. This was discussed in detail with the management team.

The inspector reviewed several regulations under the quality and safety of the service delivered to residents. The records and documents requested was made available in a timely manner and presented in an easily understood format. Overall, significant progress had been made to bring the centre back into compliance with regulation requirements.

Regulation 14: Persons in charge

The role of person in charge was shared by two nurses. Both individuals were available throughout the two day inspection. Following the last inspection one nurse had completed a management course as per the last compliance plan response.

Judgment: Compliant

Regulation 15: Staffing

There were enough staff with appropriate skills to meet the needs of residents. As care was provided to residents requiring 24-hour nursing care, a minimum of one registered nurse was on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training. The inspector found that training was ongoing to ensure all staff were facilitated to attend mandatory training. Any gaps identified had a confirmed date for the training to be completed within one week of the inspection.

Staff supervision and support had strengthened since the last inspection. Annual staff appraisals to monitor performance were in place.

Judgment: Compliant

Regulation 21: Records

Documentation and records required by schedules 1,2 and 5 of the regulations were found to be complete. Nursing records were maintained in accordance with relevant professional guidelines.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place to ensure that the service is safe, appropriate, consistent and effectively monitored had been significantly strengthened over the course of the last three inspections. The management team had rolled out a comprehensive auditing schedule that looked at all areas of care provision. The audit findings were reviewed and action plans were developed to close out on any gaps identified.

An annual review of the quality and safety of care delivered to residents in the designated centre was not yet completed. The person in charge showed the inspector the proposed template that will be used for the 2018 review.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre had a statement of purpose relating to the designated centre which contained the information set out in Schedule 1. The document was updated since

the last inspection.
Judgment: Compliant
Regulation 31: Notification of incidents
A safeguarding incident had been appropriately explored, investigated and reported to the local safeguarding team; however, a notification to HIQA had not been submitted. This was sent in following the inspection.
Judgment: Not compliant
Regulation 4: Written policies and procedures
The registered provider had written policies and procedures on the matters set out in Schedule 5. The policies were developed by an external consultant. A full review of the policies had been commenced but further progress is required to ensure that the policies are centre specific.
Judgment: Substantially compliant
Quality and safety
<p>On this inspection the inspector found that residents were receiving a good standard of care and support and enjoying a good quality of life. Following the last inspection a full review of the care planning process and documentation had been conducted.</p> <ul style="list-style-type: none"> Residents' assessed needs were addressed by person-centred care plans that reflected their individual preferences and care choices. The documentation in place was easily understood. The assessment process used validated tools to assess each resident's dependency level, risk of malnutrition, falls risk and skin integrity. Clinical observations such as blood pressure, pulse and weight were assessed as required. Progress had been made to ensure that residents or their family were consulted with on the care plan reviews. <p>In addition the inspector saw clear evidence from the records and photographic evidence that new practices on wound management had yielded positive results for</p>

residents.

There were improved systems in place to ensure that appropriate referrals were made to allied healthcare professionals and the general practitioner. Reviews were documented within resident files. There was also good evidence that advice received was acted upon.

Staff sought consent for care procedures and were observed to be kind and caring in their interactions with residents. A positive approach was taken to support residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Files reviewed had detailed, person-centred behaviour support care plans in place that clearly identified their support needs and informed prevention management strategies.

Staff nurses administering medicines were patient and took time with individual residents. The management had conducted a review of the medication management practices and implemented a change in the medication management system in place. Medicines management in the centre was audited. The pharmacist responsible for dispensing residents' medicines was facilitated to meet their obligations. Residents' medicines were prescribed and regularly reviewed by their doctor.

Residents were supported to experience a good quality of life in this centre. The inspector observed that the privacy and dignity of each resident was respected.

During the inspection, the inspector observed that call bells could be deactivated from outside the residents room. This was discussed with the management team as there was a direct risk that residents needs would not be addressed. This function was deactivated and HIQA received written confirmation that all resident bells can now only be turned off from within the resident rooms.

Residents spoke very highly of the food served and said there was plenty of choice. The atmosphere in the dining room was relaxed and there was good open communication and engagement with residents.

There were measures in place to safeguard residents from abuse. A policy dated July 2016 was available and procedures were in place to inform management of any suspicions, allegations or incidents of abuse. Residents told the inspector that they felt safe in the centre.

Progress had been made with the activities programme and the communal sitting room was observed to be a hub of activity throughout the two day inspection. The role of activities and meaningful engagement is the responsibility of all staff. The inspector found from staff conversations that they knew the residents well. Residents confirmed that staff were knowledgeable of their likes and dislikes.

The centre had effective arrangements in place to manage individual resident risk. Further development was required to ensure that some operational risks are recognised and appropriately managed. An example such as the risk associated with generic policies and procedures that are not centre specific was discussed at the

feedback meeting.

Regulation 10: Communication difficulties

The centre had put in place appropriate communication aids and tools for residents who had communication difficulties. The inspector reviewed a resident file and found a detailed care plan in place to guide care. Residents' communication needs were known by the staff who supported meaningful engagement, including an awareness of non-verbal communication approaches.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises met the needs of residents. The management team had progressed the last compliance plan response. The resident call bell system had been reviewed and anti-ligature call bells had been fitted. Improvement works had been commenced in the outdoor garden area which will be fitted with a wheelchair ramp to allow ease of access for all residents. In addition the following areas were found to require attention:

- Privacy was compromised by the layout of a double room. The inspector concluded that the room design and layout was not appropriate for two residents
- Residents did not have the option to have a bath

This was discussed with the management team at the feedback meeting and will be addressed within the compliance plan response.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with a varied, wholesome and nutritious diet. Residents' special dietary requirements and their personal preferences were complied with. Fresh drinking water, snacks and other refreshments were available.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A review of the documentation had taken place. Essential information is provided by staff when residents move from one facility to another.

Judgment: Compliant

Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1). The risk register was kept under review by the management team. All risk assessments relating to individual residents were comprehensive and guided care.

Further development was required to ensure that operational risks specific to this centre are identified, and appropriate management control measures are developed. The environmental risk register was not centre specific. This action is restated from the last inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The centre has implemented a new medication management system. The medication management policies have been reviewed and updated. Medication management audits had been completed.

Residents were able to use a pharmacist of their choice, or the pharmacy service selected by the provider.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A full and comprehensive care plan review had been carried out for all residents. Care plans were detailed and guided care. The care plans had been reviewed in consultation with the resident and where appropriate the next of kin. This consultation was not completed for all residents on the day of inspection, however the inspector was satisfied that it was a work in progress which would be carried for

all residents.
Judgment: Compliant
Regulation 6: Health care
Residents' health care needs were met through timely access to treatment and therapies. Residents have access to a general practitioner (GP) and allied health care professionals. There was good evidence within the files that advice from allied health care professionals was acted on in a timely manner.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
<p>The inspector reviewed the care plans and documentation in place. The review found that care plans guided care. There were detailed behavioural charts in place that guided allied health care professionals when a review was required on how best to manage the residents needs.</p> <p>A restraint free environment was promoted in the centre. Records confirm that the staff carry out safety checks when bed rails were in use.</p>
Judgment: Compliant
Regulation 8: Protection
There were systems in place to support the identification and investigation of allegations or suspicions of abuse. All staff had received training in the prevention, detection and response to abuse. The non compliance found under the reporting of a recent incident of elderly abuse is judged under Regulation 31.
Judgment: Compliant
Regulation 9: Residents' rights
Residents were aware of their rights, including civil, political and religious rights. Their rights were respected by staff, and residents were supported to exercise their

choice as much as possible. Advocacy services were available to assist residents where required.

Resident were supported to engage in activities that aligned with their interests and capabilities. Residents informed the inspector that they would welcome more options to go on outings.

Residents were facilitated to maintain their privacy and undertake any personal activities in private.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Anne's Private Nursing Home OSV-0000387

Inspection ID: MON-0024569

Date of inspection: 25/07/2018 and 26/07/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading		Judgment
Regulation 31: Notification of incidents		Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All notifications will be submitted within the designated time frame.		
Regulation 4: Written policies and procedures		Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: A review of all policies is underway to ensure that they are specific to the Nursing Home.		
Regulation 17: Premises		Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The layout of the double room will be re evaluated when the room becomes vacant. A bath will be made available in one of the shower rooms. This is part of the financial plan for 2019/20		

Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The environmental risk register is being revisited to ensure that it is specific to the Nursing Home.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	Bedroom - 31/10/2018 Bathroom - upgrade is planned by 31/10/2018
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	30/09/2018
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector	Not Compliant	Orange	27/08/2018

	notice in writing of the incident within 3 working days of its occurrence.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (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.	Substantially Compliant	Yellow	31/10/ 2018.