

eDeposit Ireland

St. Michael's Nursing Home, 100 Acres East, Caherconlish, Limerick

Item Type	report
Authors	Greaney, John;O'Connor, Michelle
Citation	John Greaney, Michelle O'Connor, 'St. Michael's Nursing Home, 100 Acres East, Caherconlish, Limerick', [report], Health Information and Quality Authority, 2017-09-06, Older People Inspection Report, Compliance Monitoring Inspection report Designated Centres under Health Act 2007, as amended
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-03-16 08:32:15
Link to Item	https://hdl.handle.net/20.500.14765/85848

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Michael's Nursing Home
Centre ID:	OSV-0004664
Centre address:	100 Acres East, Caherconlish, Limerick.
Telephone number:	061 450 060
Email address:	managerstmichaels@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Springfort Health Care Ltd
Provider Nominee:	Sandra Farrell
Lead inspector:	John Greaney
Support inspector(s):	Michelle O'Connor
Type of inspection	Announced
Number of residents on the date of inspection:	75
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:
16 May 2017 09:45	16 May 2017 18:15
17 May 2017 07:45	17 May 2017 16:15

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

Summary of findings from this inspection

St. Michael's Nursing Home is located in the village of Caherconlish, which is approximately 15 minutes from Limerick city. It is a two storey premises comprising 62 single bedrooms and nine twin bedrooms. All of the bedrooms were en suite with shower, toilet and wash-hand basin. Seven residents were accommodated upstairs in five single and one twin bedroom and is accessible by stairs and lift. All other residents were accommodated on the ground floor.

Staff were kind and courteous to residents and were responsive to their needs. There was a comprehensive programme of activities that was facilitated by three activities coordinators, one of whom worked five days each week, one worked one day each week and the other worked for approximately three hours on Saturday and Sunday. The programme of activities was designed around the interests and capacity of residents. The centre was also part of the local community as evidenced by the creation of murals by residents for the display in the local village and the contribution by residents to the development of a sensory garden in the local primary school.

Overall, residents' healthcare and nursing needs were met to a high standard. Residents had access to general practitioners (GPs) of their choice, and to allied healthcare services including dietetics, speech and language therapy, psychiatry, dental, chiropody and occupational therapy. Staff provided end of life care to residents with the support of their GP and the community palliative care team. The centre employed a member of staff in the role of "Compassionate Care". The staff member spent one-to-one time with residents that were known to be approaching end of life and provided psychological, personal hygiene and nutritional support to other residents that were either unable or chose not to participate in group activities.

Some improvements, however, were required. For example, there was conflicting information in various locations in relation to who was responsible for managing complaints. Additionally, only three complaints were recorded in the complaints log for the past 12 months and issues raised by families were instead recorded in the family communication section of each resident's record. The complaints policy did not outline who was responsible for overseeing complaints to ensure all complaints were responded to.

Additional required improvements included:

- the residents guide was in draft format and did not contain all the required information
- some policies were not readily accessible to staff
- not all staff had up-to-date training in responsive behaviour, fire safety or in recognising and responding to abuse
- records of fire drills did not contain adequate information
- quarterly notifications did not include all residents that had bedrails in place.

The action plan at the end of this report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

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:

The Statement of Purpose contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. It was available to both residents and staff and outlined the designated centre's aims, objectives and ethos of care. It described in detail the facilities and services available to residents, and the size and layout of the premises. It also summarised management and governance structures, emergency procedures, visiting arrangements, the complaints process and other relevant policies.

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:

There were adequate resources to support the effective delivery of care. There was a

clearly defined management structure. The person in charge reported to the provider and was supported by a clinical nurse manager, who in turn was supported by three senior staff nurses. There were two supervisor care assistants to support carers and provide guidance. The person in charge was on extended leave on the days of inspection and the clinical nurse manager assumed the responsibilities of person in charge in her absence.

There was a comprehensive programme of audits that included audits of medication management, dementia care, infection prevention and control, privacy and dignity, health and safety, and pressure ulcers. There was also an annual review of the quality and safety of care. Where compliance was not demonstrated, there was an associated action plan detailing what actions would be taken to correct the issues identified. The review was made available to residents.

Judgment:

Compliant

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Each resident had an agreed written contract which included details of the services to be provided to the resident and the fees to be charged. Fees included; bed and board, nursing and personal care, bedding, and basic aids to assist with activities of daily living. The contract also outlined a weekly fee for additional services such as physiotherapy, accompaniment to medical appointments, and social programmes and activities. However, not all contracts had been signed in the appropriate place by the resident. Inspectors found that relatives often signed contracts of care, on behalf of a resident, in space reserved for residents to sign. St Michael's Nursing Home had taken steps to address this issue and a new contract template had been approved for use with new residents.

The resident's guide was not available to all residents as it was currently under review. The newer draft version, seen by inspectors, did not adequately describe the procedure respecting complaints and the terms and conditions relating to residence in the designated centre.

Judgment:

Substantially Compliant

--

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
 Governance, Leadership and Management

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

Findings:
 The person in charge was absent on extended leave on the days of inspection. The person in charge was appointed to the role in January 2016. Following the appointment, the inspector met the person in charge and based on a review of documentation, interactions throughout the inspection, and interview, was satisfied that she was suitably experienced and qualified for the role.

 Staff spoken to by the inspector were aware of the reporting relationships and there was evidence that the person in charge held regular staff meetings.

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:
 Inspectors found the designated centre had all of the written operational policies as required under Schedules 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. However, while printed polices

were signed as read and understood by staff, these policies were not always implemented in practice. For example, the Fire Safety Management Policy was underpinned by an annual Fire Management Plan, but there was no evidence that this had ever been prepared or circulated. Some policies were also not readily accessible to staff as they had to be printed off when inspectors asked to view the policies.

The residents' directory contained a record of matters in respect of each resident as required under Regulation 19. However, details of the resident's marital status and next of kin's address were often not recorded. Resident and staff records were kept in the designated centre for not less than seven years. Electronic information was also stored in line with data protection requirements.

Inspectors saw evidence that the centre was adequately insured in respect of buildings, contents and stock.

Judgment:

Non Compliant - Moderate

***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 person in charge was absent from the centre for a period in excess of 28 days. HIQA were notified of the absence as required by the regulations. The clinical nurse manager took charge of the centre in the absence of the person in charge. The provider also had an almost daily presence in the centre and was available for telephone consultation when not present in the centre. Inspectors were satisfied that adequate arrangements were in place during the absence of the person in charge.

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:

There were adequate measures in place to protect residents from harm or suffering abuse. There was a policy in place that addressed prevention, detection, reporting and investigating allegations or suspicions of abuse. Training records viewed by the inspector indicated that a significant number of staff were overdue training in recognising and responding to abuse. Training has been scheduled to take place approximately 10 days following this inspection. All staff spoken with knew what action to take if they witnessed, suspected or had abuse disclosed to them. The provider and clinical nurse manager were also clear of their role if there were any allegations.

All residents spoken with said they felt safe and secure in the centre, and felt the staff were supportive. Relatives of residents spoke highly of the care provided by the staff and their caring attitude.

There were policies in place about meeting the needs of residents with responsive behaviour (also known as behavioural and psychological signs and symptoms of dementia) and restrictive practices. Policies were seen to give clear instruction to guide staff practice. Training records reviewed by inspectors indicated that a number of staff did not have up-to-date training in responsive behaviour, however, this was also scheduled to take place in the days following this inspection. There were care plans that set out how residents should be supported if they presented with responsive behaviour. Staff members spoken with were knowledgeable of individual resident's behaviour including how to avoid the situation escalating.

The only restraint in use in the centre were bedrails. Based on a sample of records viewed by the inspector, risk assessments had been completed for all of these residents. The alternatives to bed rails had been considered, for example low beds. Records were available of safety checks by staff when bedrails were in place.

The centre managed the finances of a small number of residents. The provider was advised to consult with their bank in relation to the most appropriate method of managing the finances of residents for whom they were a pension agent, in order to be in compliance with department of social protection guidance.

Petty cash was held on behalf of some residents to cover day-to-day expenses such as cigarettes, hairdressing and chiropody. Records of all transactions were available that included signatures of a member of staff and the resident/relative, where appropriate or by two members of staff.

Judgment:

Non Compliant - Moderate

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:

Inspectors found suitable fire equipment was available throughout the centre. Personal emergency evacuation plans (PEEPs) had also been updated to identify the most appropriate means of evacuation for residents. However, insufficient signage had been put in place to identify the nearest exit in the event of a fire. Not all staff had participated in mandatory annual fire training or regularly practiced drills. Drills that had taken place did not always record timing and appraise staff performance.

A manual call point was tested on a weekly basis, followed by an inspection of door release mechanisms. However, not all of the in-house checks were recorded as recommended in, Fire Precautions in Designated Centres, HIQA 2016.

Building and equipment maintenance was carried out by an external contractor. Inspectors saw evidence of contracts and certification that confirmed servicing and testing had been carried out regularly on assistive equipment, fire and emergency equipment, boilers, hoists and lifts. One member of staff also dealt with ongoing in-house maintenance issues during the week.

There were policies and procedures in place relating to health and safety but the health and safety statement had not been signed or dated. This action is addressed under Outcome 5.

A comprehensive risk management policy was available which provided a framework on how to identify, assess, mitigate, monitor and report risks. Risks were recorded in a risk register and action was seen to be taken in relation to identified risks. An emergency response plan contained instructions for how to respond to major incidents likely to cause death or injury, serious disruption to essential services or damage to property, and where to accommodate residents temporarily in the event of a prolonged evacuation. .

An incident log was maintained electronically. Details of incidents were accurately logged by staff including; description, location, possible contributory factors, vital signs, risk rating, outcome, preventative measures and updates. While input from medical and allied health practitioners was often included in the incident log and recorded in care plans, the resident's wishes were also respected and considered when balancing safety, protection and quality of life.

Effective infection control measures were in place in accordance with the centre's policy. Hand sanitizers were available throughout the building. Bacteriological testing of water supplies were found to be in compliance.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

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

Findings:

There was a medication management policy for ordering, prescribing, storing and administration of medicines. Inspectors viewed a sample of residents' prescriptions and all contained appropriate information including a recent photograph of the resident; the name, dosage and route of administration for all medicines; and the maximum dosage for prn (as required) medications.

Nurses in the centre transcribed prescriptions. Inspectors found that transcription practices were in compliance with relevant professional guidance. Staff were observed to follow appropriate administration practices.

Medications requiring special control measures were managed appropriately. Records indicated that these were counted by two nurses at the end of each shift. Medications requiring refrigeration were stored appropriately and the temperature of the fridge was monitored and recorded. There was an adequate system in place for the return of unused and out-of-date medicines to the pharmacy.

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:

Notifications were submitted, however, quarterly notifications did not contain all incidences of restraint, such as bedrails, as required by regulations.

Judgment:

Substantially 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:

The inspector reviewed a sample of residents' records, which included comprehensive biographical details, medical history, and nursing assessments.

Residents had access to general practitioners (GPs) of their choice, and to allied healthcare services including dietetics, speech and language, physiotherapy, occupational therapy, psychiatry, chiropody and palliative care. GPs visited the centre regularly and there was evidence that residents were reviewed regularly. Out-of-hours GP services were also available. A physiotherapist visited the centre for one afternoon each week to carry out individual assessments, where required, and also facilitated group classes.

A dietician and speech and language therapist from a nutritional supply company visited the centre every three months or more frequently if required. A tissue viability nurse, also from a nutritional company, provided advice, predominantly online, on the management of wounds. An occupational therapist also visited the centre for one afternoon every three months.

A pre-admission assessment was completed by the person in charge or by the provider. Residents and families were also invited to visit the centre prior to admission to determine if the centre was suitable to their needs. Comprehensive nursing assessments were carried out that incorporated the use of validated assessment tools for issues such as risk of falling, risk of developing pressure sores and for the risk of malnutrition.

Records indicated that these were reviewed at a minimum of every three months and more frequently, if required.

Care plans were developed for issues identified on assessment. These were seen to be comprehensive, person-centred and provided detailed guidance on the care to be delivered on an individual basis to residents.

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:

St. Michael's Nursing Home is located in the village of Caherconlish, which is approximately 15 minutes from Limerick city. It is a two storey premises comprising 62 single bedrooms and nine twin bedrooms. All of the bedrooms are en suite with shower, toilet and wash-hand basin. Bedroom accommodation on the ground floor comprises 57 single rooms and eight twin rooms, while residents in the upstairs section are accommodated in five single and one twin bedroom. The upstairs section is accessible by two sets of stairs and a large lift.

On the days of inspection the centre was bright and clean throughout, and was appropriately furnished. Corridors had grab rails, and were seen to be clear of any obstructions. The ground floor is divided into four sections, namely Autumn Breeze (bedrooms 1 - 10), Bluebell (bedrooms 11 - 20), Shamrock (bedrooms 21 - 26), Summer Mist (bedrooms 27 - 65) and Mountain View (bedrooms 80 - 85). All bedrooms were spacious and many were personalised with residents individual property and possessions. Some residents had brought their own furniture such as chairs as well as pictures and ornaments. There was adequate space in the bedrooms for furniture, such as wardrobes, chair and bedside locker. The rooms also had adequate space for equipment such as hoists to be used, with sufficient space to access the beds from either side.

There was ample communal space distributed throughout different sections of the centre. Adjacent to the reception, there was a large sitting room and two slightly smaller

sitting rooms, where most residents congregated during the day. There was a sitting room in the summer mist wing that was decorated to a nautical theme and opened out on to an enclosed garden. There was an activities room in which residents participated in activities such as arts and crafts. There was a therapy room, which was used for therapies such as massage, reflexology and aromatherapy. There was a conservatory type room located upstairs, which was bright with lots of natural light. This area was used as a "Mens Shed" every Wednesday morning. Residents were seen be making wooden plant boxes on the day of inspection and there were other creations decorating the room, such as bird feeders, wooden wheelbarrows and children's chairs. There was a small computer room with a desktop computer, which was connected to the internet for residents to use. There was a large dining room with adequate dining space to meet the needs of residents.

There were two secure gardens. One of the gardens was called the remembrance garden in memory of deceased residents and staff. This garden was readily accessible by residents and was well maintained with lots of shrubs and trees, a water feature, a long walkway, and suitable seating. There was a small section used by residents to plant vegetables. The other garden was predominantly a green area with seating for residents should they wish to sit there.

There were adequate sanitary facilities in addition to en suite facilities located throughout the premises. Access to rooms such as the treatment room, store rooms and housekeeping rooms were all secure on the day of inspection.

All laundry was undertaken on site including residents' personal laundry if they so wished. The laundry room was adequately equipped; clean, tidy and organised; ventilated to the external air; had a dedicated hand wash basin; and was sufficiently spacious to allow for the segregation of clean and soiled linen. There were dedicated well equipped sluicing facilities. The kitchen was spacious, visibly clean and adequately equipped. Catering services were monitored by the relevant Environmental Health Officer (EHO) and inspection reports were made available for the purposes of this inspection. There was evidence of good practice in relation to the management of clinical and domestic waste. There were up-to-date records of the maintenance of equipment such as beds, clinical equipment, speciality chairs and hoists.

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:

There were policies and procedures dealing with the management of complaints available in the centre. These were available at reception, in the main office, in the Statement of Purpose and in the resident's guide. However, there were inconsistencies between the different documents. The nominated person to deal with complaints was either not named or staff with different job titles were given the overall responsibility for complaints management.

The inspectors reviewed the complaints log that contained three complaints in the past twelve months. The complaints log contained details of the complaint, action taken in response to the complaint, the outcome of the complaint, and whether or not the complainant was satisfied with the outcome of the complaint process. Inspectors were informed that minor issues of concern, such as lost clothing or cold food, were recorded in the family communication section of the resident's records. The provider was advised that all complaints should be recorded in the complaints log. This action is addressed under Outcome 5.

There was no clear second nominated person to ensure all complaints were appropriately responded to and that records were maintained. Different escalation processes were also described.

Judgment:

Non Compliant - Moderate

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:

It was evident that the centre identified the importance of supporting residents through the end of life process. The centre employed a member of staff in the role of "Compassionate Care". This staff member was present in the centre for four to five hours each day for five days each week but would also visit on other days, should the need arise. The staff member spent one-to-one time with residents that were known to be approaching end of life and provided psychological, personal hygiene and nutritional support to residents. This staff member also spend a significant amount of time on a one to one basis with residents that had a degree of infirmity that prevented them from actively participating in day to day activities in the centre.

There were written policies and procedures in place for end-of-life care and for the management of residents' resuscitation status. Staff provided end of life care to residents with the support of their GP and the community palliative care team.

Records indicated that end-of-life preferences were discussed with residents and/or their relatives and these were documented in residents' records. It was evident that there was an emphasis on providing a high standard of end of life care. There were end-of-life packs that included specially designed handover bags for returning residents' property to family members. The majority of residents were accommodated in single rooms, so the option of a single room was usually available. Family and friends were facilitated to remain with the resident and tea/coffee making facilities were available.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There were policies and procedures to guide practice in relation to the management of nutrition. There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were assessed for the risk of malnutrition on admission and at regular intervals thereafter using a recognised assessment tool. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Inspectors found that residents who required modified consistency diets and thickened fluids received the correct diet and modified meals were attractively presented. Residents that were identified as being at risk of malnutrition were assessed by a dietician and advice was incorporated into care plans.

Most residents had breakfasts in their bedrooms but had their lunch and supper in the dining room, however, residents that chose to dine in their bedrooms were facilitated to do so. Breakfast was served for most residents at 07:15hrs, however, residents that wished to have their breakfast at other times were facilitated to do so. Residents spoken with by inspectors were happy with mealtimes and were aware that they could have breakfast at another time should they so wish. A recent survey had identified that residents were happy with mealtimes. Fluids were available throughout the day and

tea/coffee and snacks were served between meals and in the evening.

On the day of the inspection there were adequate numbers of staff on duty to assist residents with their meals. Residents requiring assistance were assisted by staff in a respectful and dignified manner.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents were consulted about how the centre was planned and run through residents' meetings. The meetings were facilitated by the resident advocate and were held monthly. Due to the non-attendance at the meeting by a large number of residents, the advocate had recently replaced the group meetings with one to one time, and found that this was effective in obtaining the views of residents that did not participate in group meetings. The advocate was available in the centre for a number of hours on one day each month. There was evidence that issues raised were brought to the attention of the provider and actions taken in response.

Religious preferences were documented and there was evidence that they were facilitated. The centre had a small oratory that could be used by residents for periods of quiet reflection. Religious ceremonies were celebrated in the centre, including daily prayers and weekly mass for Catholic residents. Residents were facilitated to vote in local and national elections.

Residents had access to a number of private areas and meeting rooms, whereby they could meet with family and friends in private, or could meet in their rooms. Most residents had private bedrooms and where bedrooms were shared there was adequate screening between beds to support privacy. Staff were knowledgeable of individual residents needs and preferences, addressed residents by their name and conversed with them on issues that appeared to be of interest or relevant to the resident.

There were opportunities for residents to participate in activities that were meaningful

and purposeful to them and that suited their needs, interests and capacities. There were three activities coordinators, one of whom worked five days each week, one worked one day each week and the other worked for approximately three hours on Saturday and Sunday. The programme of activities included activities such as Sonas (a therapeutic communication activity), arts and crafts, music, physiotherapy led exercises, ball games, and board games. Most activities were done in groups, however, one-to-one activities were carried out with residents that either did not wish to partake in group activities or for which group activities were unsuitable. The centre was part of the local community and this was evidenced by murals, that had been painted by residents, on display in the windows of a former dancehall in the local village. Residents were in the process of painting other murals with scenes identifying the importance of the dancehall to the community in times gone by. Residents in the centre were also participating in the creation of a sensory garden in the local primary school.

Inspectors observed staff interacting with residents in an appropriate and respectful manner. Inspectors observed staff knock on bedroom doors before entering. Residents chose what they liked to wear and inspectors saw residents looking well dressed, including jewellery and makeup. A number of residents were observed having their hair done in the hairdressing salon on the day of inspection.

Closed circuit television cameras (CCTV) were in place on corridors and in sitting rooms. There was a policy in place governing the use of CCTV that included restrictions on access to data. The inspectors, however, were not satisfied that the use of CCTV cameras in sitting rooms was in compliance with guidance issued by the data protection commissioner in relation to where residents should have a reasonable expectation of privacy.

Judgment:

Non Compliant - Moderate

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 an up-to-date policy on the management of residents' personal property and possessions. An inventory of residents' property was recorded on admission.

There was adequate storage for residents' personal belongings, including lockable

storage. There were adequate arrangements in place for the regular laundering of linen and clothing, and the safe return of clothes.

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):

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

Findings:

Inspectors were satisfied that the sample of staff files reviewed during this inspection were appropriately maintained and confirmed staff were being recruited and vetted in line with best practice. All staff nurses had up-to-date registration with An Bord Altranais agus Cnáimhseachas na hÉireann. All new staff had undergone induction training and new nurses were required to complete an e-learning training programme on medication management, prior to the administration of medication.

Inspectors had previously found that not all staff had completed mandatory training. According to local policy fire training was to be completed annually, manual handling at least every three years, and hand hygiene training was ongoing. During this inspection, inspectors saw evidence that an agreement was in place with an external training company to complete fire training for staff every two years. However, HIQA guidance clearly recommends annual training in respect of fire prevention and emergency procedures. Despite this, some staff had not had any fire training, or more than two years had elapsed since their last training session. This training was organised prior to the completion of the inspection and was scheduled to take place in the weeks following the inspection.

An actual and planned roster was maintained in the centre with any changes clearly indicated. Based on a review of the roster and observations of inspectors, inspectors were satisfied that there were adequate numbers and skill mix of staff to meet the needs of residents during the day. However, the inspectors requested the provider to review staffing levels at night time as there were two staff nurses and two healthcare

assistants on duty between 12 Midnight and 07:00hrs for 80 residents, when the centre was occupied to capacity.

The person in charge was supported by a clinical nurse manager, senior staff nurses and healthcare assistant supervisors. The staffing complement included three activity coordinators, catering, housekeeping, administration and maintenance staff. The centre did not use agency staff as it had sufficient numbers of staff to provide cover.

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:

John Greaney
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St. Michael's Nursing Home
Centre ID:	OSV-0004664
Date of inspection:	16th and 17th May 2017
Date of response:	19 th June 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 03: Information for residents

Theme:

Governance, Leadership and Management

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

The resident's guide was not available to all residents as it was currently under review.

1. Action Required:

Under Regulation 20(1) you are required to: Prepare and make available to residents a guide in respect of the designated centre.

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

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

Resident's Guide is currently under review and will be circulated on completion. However, the original resident's guide is still available in all public spaces and bedrooms

Proposed Timescale: 31/07/2017

Theme:

Governance, Leadership and Management

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

The newer draft Residents' Guide, seen by inspectors, did not adequately describe the terms and conditions relating to residence in the designated centre.

2. Action Required:

Under Regulation 20(2)(b) you are required to: Prepare a guide in respect of the designated centre which includes the terms and conditions relating to residence in the centre.

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

The updated guide will now adequately describe the terms and conditions relating to residence in the centre

Proposed Timescale: 31/07/2017

Theme:

Governance, Leadership and Management

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

The newer draft Residents' Guide, seen by inspectors, did not adequately describe the procedure respecting complaints in the designated centre.

3. Action Required:

Under Regulation 20(2)(c) you are required to: Prepare a guide in respect of the designated centre which includes the procedure respecting complaints.

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

As in our current Resident's Guide, the complaints procedure will be accessible and user friendly within our revised Resident's Guide.

Proposed Timescale: 31/07/2017

Theme:

Governance, Leadership and Management

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

Not all contracts had been signed in the appropriate place by the resident. Inspectors found that relatives often signed contracts of care, on behalf of a resident, in space reserved for residents to sign.

4. Action Required:

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

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

Corrective measures have been put in place. Our resident's contracts have been redesigned. It is clear now where the resident and family member should sign.

Proposed Timescale: 17/05/2017

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:

While printed policies were signed as read and understood by staff, these policies were not always implemented in practice. For example, the Fire Safety Management Policy was underpinned by an annual Fire Management Plan, but there was no evidence that this had ever been prepared or circulated.

5. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

There is now a record of any items adopted and implemented from policies and procedures on the matters set out in schedule 5. This will be incorporated into or annual review report.

Proposed Timescale: 20/06/2017

Theme:

Governance, Leadership and Management

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

Some policies were also not readily accessible to staff as they had to be printed off when inspectors asked to view the policies.

6. Action Required:

Under Regulation 04(2) you are required to: Make the written policies and procedures referred to in regulation 4(1) available to staff.

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

All policies and procedures referred to in regulation 4(1) are now available to all staff

Proposed Timescale: 17/06/2017

Theme:

Governance, Leadership and Management

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

There were policies and procedures in place relating to health and safety but the health and safety statement had not been signed or dated.

7. 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:

Health and Safety statement is now signed and dated. The Providers signature was omitted from one page of the Statement. This was completed on the day of inspection.

Proposed Timescale: 17/06/2017

Theme:

Governance, Leadership and Management

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

Details of residents' marital status and next of kin's address were often not recorded in the Residents' Directory.

8. Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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

The resident's directory is now updated.

Proposed Timescale: 18/05/2017

Theme:

Governance, Leadership and Management

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

Inspectors were informed that minor issues of concern, such as lost clothing or cold food, were recorded in the family communication section of the resident's records. The provider was advised that all complaints should be recorded in the complaints log.

9. 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:

All concerns are now being documented in the complaints log since the inspection as recommended

Proposed Timescale: 17/05/2017

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Training records reviewed by inspectors indicated that a number of staff did not have up-to-date training in responsive behaviour,

10. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

Prior to our inspection, training had been scheduled for the 27th of May 2017. Challenging behaviour and safeguarding training was completed on this date. Four staff members were unable to attend on this day. One is on extended sick leave and three staff member are on Maternity Leave. Training will be provided for these staff members on their return to work.

Proposed Timescale: 27/05/2017

Theme:

Safe care and support

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

The provider was advised to consult with their bank in relation to the most appropriate method of managing the finances of residents for whom they were a pension agent, in order to be in compliance with department of social protection guidance.

11. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

After the inspection the Provider consulted with their bank to establish if their other means available to ensure all reasonable measures to protect residents from financial abuse are being taken and to be in compliance with the department of social protection guidelines.

Proposed Timescale: 31/07/2017

Theme:

Safe care and support

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

Training records viewed by the inspector indicated that a significant number of staff were overdue training in recognising and responding to abuse. Training has been scheduled to take place approximately 10 days following this inspection.

12. 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:

Prior to our inspection, training had been scheduled for the 27th of May 2017. Challenging behaviour and safeguarding training was completed on this date. Four staff members were unable to attend on this day. One is on extended sick leave and three staff member are on Maternity Leave. Training will be provided for these staff members on their return to work.

Proposed Timescale: 27/05/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

Insufficient signage had been put in place to identify the nearest exit in the event of a fire.

13. Action Required:

Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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

Extra signage has been designed and displayed in more prominent places in the centre

Proposed Timescale: 16/06/2017

Theme:

Safe care and support

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

Not all staff had participated in mandatory annual fire training.

14. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

Staff attended fire training on the 30.05.17 and the 10.06.17. Two staff members were on sick leave at the time, three on Maternity Leave.

The following Fire training have been scheduled to ensure that all staff participate in mandatory annual fire training.

- 28.08.17
- 25.11.17

Proposed Timescale: 10/06/2017

Theme:

Safe care and support

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

Not all staff had participated regularly practiced drills. Drills that had taken place did not always record timing and appraise staff performance.

15. 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:

The Fire marshal will carry out fire drill on the first Tuesday and Wednesday of every month with a selection of staff on duty that day. This will ensure all staff will participate in fire drills. This will be recorded and staff will be appraised on their performance

Proposed Timescale: 10/06/2017

Theme:

Safe care and support

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

Not all of the in-house checks were recorded as recommended in, Fire Precautions in Designated Centres, HIQA 2016.

16. Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

Adequate arrangements have been made to ensure that all in-house checks will be recorded in accordance with Fire Precautions for designated centres, HIQA 2016.

Proposed Timescale: 24/05/2017

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

Notifications were submitted, however, quarterly notifications did not contain all incidences of restraint such as bedrails as required by regulations.

17. Action Required:

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

Going forward all restraints will be included in the quarterly report

Proposed Timescale: 31/07/2017

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

There were inconsistencies between the complaint's policy and different procedures. Different escalation processes were also described.

18. Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

Any inconsistencies identified in relation to the complaints policy have now been rectified

Proposed Timescale: 17/05/2017

Theme:

Person-centred care and support

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

The nominated person to deal with complaints was either not named or staff with different job titles were given the overall responsibility for complaints management.

19. Action Required:

Under Regulation 34(1)(c) you are required to: Nominate a person who is not involved in the matter of the subject of the complaint to deal with complaints.

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

Nominated person has been clarified and is consistent throughout all complaints documents in relation to the complaints policy.

Proposed Timescale: 17/05/2017

Theme:

Person-centred care and support

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

There was no clear second nominated person to ensure all complaints were

appropriately responded to and that records were maintained.

20. Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

The PPIM is the seconded nominated person to ensure all complaints are appropriately responded to

Proposed Timescale: 17/05/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Closed circuit television cameras (CCTV) were in place on corridors and in sitting rooms. The inspectors, however, were not satisfied that the use of CCTV cameras in sitting rooms was in compliance with guidance issued by the data protection commissioner in relation to where residents should have a reasonable expectation of privacy.

21. Action Required:

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

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

CCTV has been removed in all sitting rooms on the 16.06.17.

Proposed Timescale: 16/06/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The inspectors requested the provider to review staff at night time as there were two staff nurses and two healthcare assistants on duty between 12 Midnight and 07:00hrs for 80 residents when the centre was occupied to capacity.

22. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Night Staffing levels have been reviewed. An extra HCA has been introduced on a trial basis - 8pm – 8am. The necessity and effectiveness of this extra shift will be monitored closely by management. If numbers and dependency levels increase or decrease at any time then this addition of a HCA will be reviewed. Our revised current HCA staffing levels at night are as follows:

- 2 x 19-23.00 HCA's
- 3 x 20.00-08.00 HCA's

Proposed Timescale: 05/06/2017

Theme:

Workforce

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

Some staff had not had any fire training, or more than two years had elapsed since their last training session.

23. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Fire training has now been completed and updated for all staff.

Proposed Timescale: 10/06/2017