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St. Gobnait's Nursing Home, Drewscourt, Ballyagran, Kilmallock, Limerick

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Gobnait's Nursing Home
Centre ID:	OSV-0000430
Centre address:	Drewscourt, Ballyagran, Kilmallock, Limerick.
Telephone number:	063 820 65
Email address:	st.gobnait@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Teresa Kelleher
Provider Nominee:	Teresa Kelleher
Lead inspector:	Mary O'Mahony
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	20
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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 Quality Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times

From:	To:
17 November 2016 14:15	17 November 2016 19:15
18 November 2016 09:30	18 November 2016 18:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	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	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially 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 inspection of St Gobnait's Nursing Home by the Health Information and Quality Authority (HIQA) was carried out as part of the renewal of registration process. The inspection was announced and took place over two days. There were 19 residents in the centre and one resident was in hospital on the days of inspection. Prior to the inspection HIQA questionnaires were sent out to residents and family members. These were reviewed by the inspector and were seen to be complimentary of all

aspects of life in the centre. One family member stated that it was "home from home". The centre was located in a peaceful, rural setting and this was enhanced by the sensory garden which had been created at the front of the building. The sensory garden had a sheltered seated area where residents could sit and enjoy the surroundings with visitors or with staff. The inspector met with residents, relatives, staff members, the person in charge and the provider, during the inspection. The inspector observed practices and reviewed documentation such as care plans, staff files, medication records, training records and policies. Residents' autonomy, inclusion and individuality were promoted through daily informal meetings with the person in charge. Relatives and the local community were involved with residents. Visitors were plentiful during the days of inspection. The person in charge informed the inspector that the centre was family owned and run and that residents' wishes, choices and experiences were central to the planning of care.

A staff member was employed to sit with residents in the sitting room all day. Residents stated that this meant that there was someone to talk with individually or as a group from 9am until 9pm each day. Residents spoken with about this said that they were occupied and felt secure as a result of the ready availability of a staff member. One resident stated that the care was "unbelievable". All rooms in the centre were personalised in an age appropriate way and nicely decorated. For example, a resident who liked horse racing had relevant books and various pictures of horses in his room. Residents engaged in activities such as art and craft work, quizzes, music sessions, individual crosswords, board games, watching favourite DVDs, newspaper reading and chair based exercises. There were regular outings to local places of interest. During the inspection days residents were seen to be supported by family members to go out to the shops and attend appointments. The inspector saw one resident being collected by a family member to start their Christmas shopping.

Documentation was well organised and easy to retrieve. Mandatory training was up to date. Feedback from residents and relatives was one of high satisfaction. Residents and relatives were complimentary with regards to the approachability and kindness of staff. Residents' experiences, wishes and choices were seen to be central to the care planning process. Residents stated that their lives as older adults were enriched by the caring environment and the supervision of the person in charge. 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, formed the basis for the findings of this inspection. The action plan at the end of the report sets out how the provider proposed to address any issues of non compliance.

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

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

An updated statement of purpose and function was forwarded to HIQA, dated 2016.

This was reviewed by the inspector. It described the service offered by the centre and detailed the facilities which were provided. It outlined the governance and management structure and the staffing levels. It also described the aims, objectives and ethos of the centre. The statement of purpose was found to meet the legislative requirements set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The quality of care and experience of the residents were monitored and reviewed on an ongoing basis. Effective management systems were seen to be in place. The provider assured the inspector that there were sufficient resources in place to deliver safe and

quality care to residents.

The person in charge was supported by a good management structure with experienced personnel in the group. There were clear lines of authority and accountability. Detailed handover meetings were held by staff. The inspector saw evidence of management and staff meetings and found that issues were addressed in a proactive way. Improvements were seen to have occurred as a result of the learning from audit outcomes.

There was evidence of consultation with residents and their relatives. The person in charge stated that residents had access to an external national advocacy agency. Contact details of this service were readily available to residents and their representatives. Relatives spoke to the inspector about the fact that staff frequently consulted with them if there was a change in the status of the resident or if any accident occurred. The inspector reviewed the results of residents' surveys, of residents' consultation and of the pre-inspection questionnaires for this inspection, which confirmed the aforementioned statements.

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:

The Resident's Guide was seen by the inspector and this was available to all residents. It contained the information required under section 20 (2) of the Regulations.

Contracts of care had been implemented for residents and a sample of these contracts were viewed by the inspector. The contracts were comprehensive, were agreed within a month of admission and contained the required details under the regulations such as: the fees to be charged for extra services and how the care and welfare of residents would be met. There was also information available about services for residents and interesting events in the newsletter and on notice boards in the centre.

However, some alterations were required to the contracts: while extra fees were highlighted as required by the regulations these costs were not specified for all services, such as chiropody.

Judgment:

Substantially Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had been in the post for five years. She worked full time in the centre and was a nurse with experience in the area of nursing the older person. The person in charge possessed clinical knowledge to ensure suitable and safe care. She demonstrated knowledge of the legislation and of her statutory responsibilities. She was engaged in the governance, operational management and administration of this centre on a consistent basis. She met regularly with members of the management team and staff. Minutes were maintained of these meetings. She had a personal interest in the centre as it was family owned. She explained to the inspector how she drew on elements of her previous extensive clinical experience, to promote continuous improvement for residents' care and staff training.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained

accurately and were easily accessible to the inspector. The designated centre was adequately insured against accidents or injury to residents, staff and visitors. Insurance certification was viewed by the inspector. This was due for renewal in 2017.

The policies required under Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) were in place and were reviewed regularly. Staff were aware of the policies and the person in charge stated that these were implemented in practice, for example the policy on person centred care and the policy on advocacy and consent. Complaints and incidents were documented. Copies of medication errors were maintained in the centre. A copy of the statement of purpose, the Resident's Guide and previous inspection reports were available to residents. Records were viewed by the inspector which indicated that residents' right to refuse treatment was documented. Records were available of discussions which had been held with residents and their representatives about CPR (Cardio-Pulmonary-Resuscitation).

The inspector viewed a sample of staff files and found them to be in generally in good order and to contain the regulatory documents. The roster for staff was seen which correlated with information provided by the person in charge. However, in the sample of staff files reviewed one staff member did not have the required CV in place. This was addressed during the inspection.

Judgment:
Substantially Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
The provider was aware of her statutory duty to inform the chief inspector of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the centre during her absence. There was a suitably qualified person in place to deputise in 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:

Policies and procedures were in place for the prevention, detection and response to abuse. This made reference to best evidence based practice and updated national policy guidelines. Staff with whom the inspector spoke were knowledgeable of the types of abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. Staff stated that they received regular training sessions in this area. Records were reviewed and these indicated that all staff had received training. Residents stated they felt safe and attributed this to the attentiveness and kindness of staff.

Systems were in place to safeguard residents' money and these were monitored by the provider and person in charge. Two staff signed for any money lodged or withdrawn. Residents' money was securely stored in a safe. A sample of records checked were seen to be in order. Each resident had a separate envelope of invoices for any costs or personal spending.

The use of bedrails was notified to HIQA as required by the regulations and these were checked regularly when in use. Consent for their use had been signed and the inspector viewed the associated risk assessments.

A policy on managing behaviour that challenged, which was related to the behavioural and psychological symptoms of dementia(BPSD) was in place. Efforts were made to identify and alleviate the underlying causes of such behaviour. Documentation was in place to indicate that distraction and de-escalation techniques were employed as a first response, if required. Staff spoken with were aware of this policy and had received updated knowledge and skills from the person in charge and external trainers.

Judgment:

Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A health and safety statement was in place and it was updated every three years. The risk management policy was reviewed and risk assessments carried out were specific to the centre and to residents' safety. Controls were in place to prevent accidents such as falls. For example, handrails were available on each corridor, grab-rails were located in toilets, the floor covering was safe and an audit of health and safety was undertaken monthly. An external health and safety audit had also been undertaken.

The procedures in place for the prevention and control of infection were satisfactory. For example, hand gels were in place and hand-wash facilities were easily accessible. Posters to guide staff and visitors on correct hand-washing procedures were available and a contract was in place for the disposal of clinical waste. Arrangements were in place for responding to emergencies. Suitable fire equipment was provided and there were adequate means of escape from the premises. A record was maintained of daily checks in relation to fire exits, ensuring the alarm panel was working and weekly testing of the fire alarm. The fire alarm panel and emergency lighting were serviced regularly and all fire equipment was serviced on an annual basis. These records were viewed by the inspector. The procedure for the safe evacuation of residents and staff was prominently displayed. Staff received training in fire safety. Fire drills were undertaken. The fire drill process was explained to residents on a weekly basis when the fire alarm was tested. Fire training was seen to be scheduled for November 2016.

Staff were trained in moving and handling of residents. Training records viewed by the inspector confirmed this. Documentation was available which indicated that equipment was serviced regularly. Closed circuit TV (CCTV) was in place in the smoking room and in the external grounds only. Residents who smoked had been consulted about this and signage was in place.

Judgment:

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:

Each resident was protected by the designated centre's policies and procedures for medication management. The inspector reviewed policies relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance

with current guidelines and legislation. Staff followed appropriate medication management practices and medications were administered as prescribed, according to records seen. There were appropriate procedures for the handling and disposal of unused and out of date medicines. The inspector viewed details of medication to be returned and these were signed by the pharmacist. Medication was occasionally transcribed by staff members and there was a policy in place to support this practice. However, medication had been administered from an unclear prescription. For example, the medicine had previously been administered on a PRN (when necessary) basis. This had been changed to a regular prescription. The PRN order was still clearly marked on the prescription sheet, which could be open to misinterpretation by staff. In addition, where a regular medication had been omitted for a long period, this had not been indicated on the medication administration sheet by the administering nurse.

Medication management practices were reviewed and monitored. For example, the pharmacist carried out an audit in the centre and the staff nurse checked the medication stock and residents' prescriptions on a monthly basis. Controlled drugs were in use for some residents and records of administration and stock levels were checked by the inspector. These were found to be in order.

Pharmacists were facilitated to meet their regulatory responsibilities to residents. Residents had a choice of pharmacist and general practitioner (GP), where possible. Advice provided by the pharmacist was accessible for staff and residents. Documentation viewed and staff spoken with by the inspector, confirmed this.

Judgment:
Substantially Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
A record was maintained of all incidents occurring in the centre. Quarterly notifications were submitted to HIQA as required. The person in charge was found to be aware of the Regulations related to notifications.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of

evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Residents had access to GP services and appropriate treatment and therapies. Specialist services and allied health care services such as, physiotherapy, occupational therapy (OT) and dietician, were available when required. Chiropody and hairdressing services were accessed on a private basis. Records were maintained of referrals and follow-up appointments to consultants or allied health services. Clinical assessments such as falls assessment, skin assessment and cognitive assessment were carried out, among others. Residents' right to refuse treatment was respected and documented.

A comprehensive assessment of residents' health and social care needs took place prior to admission. The person in charge carried out these pre-admission assessments. Relevant care plans were seen to be in place which were reviewed four monthly. Residents, and their representatives where appropriate, were involved in formulating care plans. Residents' signatures were seen on consent forms within the care plan and on their contracts of care. However, the inspector found that not all residents had been assessed for nutritional status, using an evidenced based tool, such as the MUST tool (Malnutrition Universal Screening Tool). The person in charge stated she was currently reviewing all the care plans, with staff and residents.

There were opportunities for residents to participate in activities which suited their needs, interests and capacities. There was an emphasis on promoting health and general well being. Residents were encouraged to partake in walks, crosswords, bingo, conversation, card games and puzzles, to promote and maintain cognitive capabilities. Opportunities to enhance residents' mental well being were provided by showing old films and reminiscing about their contents. Throughout the inspection there were a number of activities planned. This was addressed further under Outcome16: Residents' rights, dignity and consultation.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

The design and layout of the centre promoted residents' independence and wellbeing. There was a call bell system in place and adequate storage was made available for residents' belongings. The provider maintained a safe environment for residents' mobility, with handrails in circulation areas and suitable floor covering. The decoration throughout was of a good standard and an ongoing redecoration programme was in place. Adequate space was available to support residents' privacy. There was a variety of communal spaces available, including a sitting room and well furnished visitors room. At the time of inspection the centre appeared warm and bright. Personal items were displayed around the home, as well as in residents' bedrooms.

The premises and grounds were well-maintained. The size and layout of bedrooms was suitable to meet the needs of residents. There was a bathroom and three shower rooms available for residents' use. The bedrooms, which consisted of single and double occupancy rooms, were spacious and decorated in a personal manner, for each individual. The dining room was large enough to seat all residents and was located next to the kitchen. Colourful oil-cloth tablecloths and flower arrangements were in place. Equipment was well maintained and service records were available to the inspector. Residents were positive in their comments in relation to the laundry arrangements and the linen cupboards were seen to be well stocked. There was a suitably equipped laundry and appropriate sluicing facilities in the centre.

The inspector noted that residents were facilitated to enjoy garden parties and garden walks throughout the year. In addition, the gardens were easily viewed through the large picture windows and glass-fronted porch area. Residents spoken with by the inspector expressed that they enjoyed the view. The gardens were independently accessible to residents and were furnished with antique farming implements, raised flower beds, suitable seating and a popular 'grotto'. Residents spoken with confirmed that they enjoyed the peaceful outdoor setting.

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.

<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The centre had an up-to-date policy and procedure for the management of complaints. The complaints procedure was displayed in a prominent place and a copy was included in the Resident's Guide and the residents' contracts of care. The residents were aware of how to make a complaint and the person in charge was the complaints officer. The provider monitored the complaints.</p> <p>Residents spoken with by the inspector stated that they could raise any issue or concern with the person in charge or staff.</p> <p>There was evidence that a record of complaints was maintained. This record included the details of the complaint, the results of any investigation, any actions taken and whether or not the complainant was satisfied with the outcome of the complaint.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 14: End of Life Care</i> <i>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.</i></p>
<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Care plans and care practices were designed to ensure residents received end of life care in a way that met their individual needs and wishes and respected their dignity and autonomy. Individual religious and cultural practices were facilitated. Family and friends were encouraged to be with the resident at end of life. Residents had the option of a single room and access to specialist palliative care services, if required. The inspector reviewed the end of life policy. The policy focussed on the holistic needs of residents and their relatives. Relatives were encouraged to stay overnight in the event that a resident's condition deteriorated.</p> <p>The person in charge discussed the training which had been provided to staff. She stated that some residents had discussed their advanced care wishes. Property inventories were maintained for residents who were encouraged to bring in favourite items from home. These inventories were updated when necessary.</p>

Residents were facilitated to participate in spiritual events. Rosary was said by residents each evening. Residents who did not wish to participate were seen to partake in alternative activities, at this time. Residents attended mass in the centre during the inspection and the person in charge informed the inspector that this was a weekly event.

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:

A policy for the monitoring and documentation of nutritional intake was in place. Residents' weights were checked and recorded monthly. The food provided was nutritious and available in sufficient quantities. It was varied and took account of dietary requirements. Meals were available at times suitable to residents. Residents had access to a choice of drinks at all time. Staff were observed offering drinks to residents, throughout the day. A choice of meals was displayed on the menu board.

Residents requiring support were assisted to eat and drink in a sensitive and appropriate manner. Most of the residents dined in the dining room where the tables were seen to be suitably set up with condiments and tableware. The inspector sat with a group of residents at dinner time and observed that mealtimes were seen to be unhurried social occasions. Residents were seen to engage, communicate and interact with each other and staff. Residents spoke about their lives in the centre, with the inspector. Residents also expressed that the food was very good and confirmed that choice was available at each meal. Residents were seen to support and encourage each other and were familiar with each other's likes and dislikes.

The chef and kitchen staff were found to be familiar with the dietary needs of residents. For example, coeliac products were available for those on gluten free diets and low sugar products and desserts were available for those with diabetes. The majority of residents were enabled to maintain independence when eating their meals and assistive devices were utilised where required. The person in charge stated that the table décor had specifically been sourced to enhance the homely environment. Residents were supplied with serviettes of their choice, where required.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The person in charge met with residents each morning and sought feedback with regards to care. She informed the inspector that residents had decided on this forum over a more formal structure. Families and representatives were asked to complete an annual survey. These were viewed on inspection. Residents were facilitated to exercise their political rights and voting was accommodated, both externally and in the centre. Residents' religious rights were facilitated through regular visits by the clergy. The statement of purpose emphasised the importance of residents receiving care in a dignified way that respected their privacy. Practices in the centre ensured this; for example, screening curtains were drawn in twin rooms when personal care was being attended to. In addition, residents could access telephone facilities in private. A room was available for residents to receive visitors and another room was set aside for residents who smoked, if required. There were no restrictions on visits, except when requested by the resident or when the visit posed a risk, for example, if an infection was present. Visitors were requested to respect residents' privacy at mealtimes.

Staff were aware of the different communication needs of residents and systems were in place to meet their diverse needs. Staff were seen engaging with residents respectfully and with appropriate humour. The sensory garden was created by the person in charge to appeal to residents' senses. For example, this had been shown to benefit residents with cognitive or visual impairment. The inspector was made aware of the herb garden which was located on the walkway near the 'gossip house'. This was the external shelter where residents gather for parties and other occasions. Residents partook in gardening activities. In addition, items in the garden such as an old water pump, an old horse drawn plough, an imitation donkey and cart and old milk churns provided opportunities for residents to reminisce and recall details of their experiences and younger lives. The person in charge said that a 'seanchai' (a person who tells stories of the past) visited the centre regularly to facilitate conversation and storytelling. Other activities, such as outings, were discussed further under Outcome 11: Health and social care needs.

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:

Residents maintained control over their personal property and possessions. The inspector viewed the policy on personal possessions and clothing. There were adequate laundry facilities, with systems in place to ensure that residents' personal clothing was marked and safely returned to them. Bed linen was laundered internally and adequate clean supplies were stored in the linen cupboard. Personal clothing was washed at home by residents' representatives, in the case of a number of residents.

There was adequate space for each resident to store and maintain their own clothes and other possessions. Large double wardrobes were available for each resident. These were accessible within the bedroom space. A staff member informed the inspector that one of her duties was to ensure that wardrobes were tidy and that respect was shown for residents' belongings. Each resident had a locked drawer in their bedroom for personal items.

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:

There were appropriate staff numbers and skill mix in the centre to meet the assessed needs of residents, according to the roster viewed by the inspector. Staff had up-to-date mandatory training. They also had access to a range of training to meet the needs of residents, for example, training in manual handling, health and safety, protection from abuse and food hygiene. Staff with whom the inspector spoke confirmed their knowledge of this training. All staff were supervised on an appropriate basis and recruited in accordance with the centre's policy. There was an induction programme in place for new staff. Probationary meetings were held at three monthly intervals.

A sample of staff files, viewed by the inspector, were seen to be in substantial compliance with the requirements of Regulations. This issue was addressed under Outcome 5: Documentation. All relevant staff had undertaken Fetac level 5 training, in care of the older adult.

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 O'Mahony
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. Gobnait's Nursing Home
Centre ID:	OSV-0000430
Date of inspection:	17/11/2016
Date of response:	28/11/2016

Requirements

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

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

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

All extra fees were not specified in the contacts.

1. Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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:
Extra fees will be outlined in contracts and public notice will be displayed outlining same.

Proposed Timescale: 31/12/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Ensure that all staff have updated CVs on file.

2. 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:
Provide staff with C.V template to complete and return to P.I.C to include in file.

Proposed Timescale: 31/12/2016

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medication was being administered from an unclear prescription.
Medication which had been withheld had not been signed as such by the nurse.

3. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
Review all medication prescription records and ensure that instructions on same are clear and if not ask G.P to correct said records. Talk to nursing staff about the importance of correct document in relation to medication administration.

Proposed Timescale: 31/12/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Nutritional assessments had not been undertaken for all residents.

4. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

Complete MUST assessments for residents who do not have same yet completed.

Proposed Timescale: 31/01/2017