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St Annes Private Nursing Home, OSV-0000387, 1 May 2019

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Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St Anne's Private Nursing Home
Name of provider:	Kathleen Smyth
Address of centre:	Sonnagh, Charlestown, Mayo
Type of inspection:	Announced
Date of inspection:	01 May 2019
Centre ID:	OSV-0000387
Fieldwork ID:	MON-0022808

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

24

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
01 May 2019	11:00hrs to 19:30hrs	Una Fitzgerald	Lead

Views of people who use the service

Feedback, both verbal on the day of inspection and through eight residents' questionnaires, was largely positive about the care received by residents. Residents told the inspector that they felt they were well cared for by staff who knew their individual needs, likes and dislikes.

The inspector spoke with five residents about their experience of living in the centre. Residents said that they enjoyed a good quality of life and that staff were kind and caring to them. Residents described how they spent their day and said they were encouraged to be independent, to make choices for themselves and to be as mobile and active as possible. They described the regular activities as enjoyable and said they enjoyed the music sessions held in the communal room. One common theme emerged from the questionnaires relating to the request from residents to have more organised outings.

Residents said that there was staff available and described them as responsive to their needs. Residents described meals as varied, good quality and well presented. They said that there was alternative choices provided if they did not like the meal option on a particular day. They also said that they could have meals alone or with others.

Capacity and capability

There was a clear management structure in place. The responsibilities and the lines of authority of all management personnel were clearly defined. As a result of findings from inspections carried out in 2018 the management structure within the centre was reviewed and redefined. The provider representative attends the centre daily. The role of person in charge is shared between two registered nurses. The person's in charge are supported in their role by a quality manager who takes responsibility for operational matters. The structure was understood by staff who knew who to report any concerns to.

There was evidence that effective leadership, governance and management systems were in place. The changes made in the management structure are now fully implemented. The inspector found clear evidence that the systems in place ensured the delivery of suitable safe care to residents. This was evidenced by:

- The four action plans from the last inspection had all been progressed and completed.
- There were audits of all aspects of the service that included complaints

management, incidents, falls, restraint use, staff training and medicines management. The inspector found that audits completed were analysed and when required had an improvement plan put in place.

- The 2018 annual review of the quality and safety of care had been completed.

There was a clear complaints procedure in place and information in relation to the complaints procedure was available in the resident's guide and was displayed in the main corridor. The person's in charge maintained a record of complaints. The outcome and satisfaction of the complainant was recorded. Residents who spoke with the inspector were aware that there was a complaints process in place and knew who was responsible for managing complaints in the centre.

The provider representative and person's in charge confirmed that recruitment procedures met good human resource practice standards and that Garda Síochána (police) vetting was procured before any staff commenced employment. Registration details with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2019 for nursing staff was provided. There was an ongoing training programme for staff and this included training on the statutory topics of moving and handling, fire safety and adult protection.

Overall the findings of this inspection indicate that the service was well managed and was consistently reviewed to ensure a safe service was provided to residents.

Registration Regulation 4: Application for registration or renewal of registration

The information required to assess the application for renewal of registration was provided.

Judgment: Compliant

Regulation 14: Persons in charge

The role of person in charge is shared between two registered nurses. The accumulated hours worked makes up a whole time equivalent position. This arrangement came into place post an inspection carried out in February 2018. The responsibilities assigned to the person in charge role are divided. For example, one person has responsibility for staff supervision and completion of staff appraisals. The other person has responsibility to complete the monthly care plan audits.

In 2018 one person in charge had commenced a management course that had not been completed. This will be addressed in the compliance plan response.

Judgment: Substantially compliant

Regulation 15: Staffing

There were adequate staff, with a good skill mix, on duty. Staffing levels were kept under constant review by the management team. The current staffing levels were appropriate for the identified care needs of current residents.

Judgment: Compliant

Regulation 16: Training and staff development

There was an appropriate training and development programme for staff. All staff had received up-to-date training on manual handling practices, elder abuse training and fire safety training. In addition, the centre provided training in cardio pulmonary resuscitation (CPR), infection control practices and dementia care.

Staff appraisals were conducted to monitor performance.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed staff files and found compliance with Schedule 2 regulation requirements.

Judgment: Compliant

Regulation 22: Insurance

The provider had an active insurance policy for the centre property and public liability insurance.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. The systems in place to ensure that the service is safe, appropriate and consistently monitored were effective. The management team had a strong presence in the centre and were known to all residents that the inspector spoke with during the inspection.

The report on the Quality and safety of care of residents for 2018 and Quality Improvement plan for 2019 was completed.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had a signed contract of care. The inspector reviewed two contracts and noted that further review was required to ensure that all charges are clearly outlined.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was dated April 2019. Further review of the detail is required to ensure that the Statement of purpose is accurate and contains all of the information set out in Schedule 1. For example, a more detailed description of the rooms in the designated centre including their size and primary function.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The required notifications were provided when required.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had effective procedures for responding to and recording complaints. The complaints procedure was on display along the main corridor. The residents spoken with confirmed that they would not hesitate to make a complaint. In addition, they knew who they could contact to do so.

Judgment: Compliant

Regulation 4: Written policies and procedures

All of the policies and procedures required by the regulations were available within the centre, and had been reviewed within the last three years. These documents were accessible to staff.

Judgment: Compliant

Quality and safety

The inspector found that the residential centre was providing a high standard of care, support and quality of life for residents. The centre has effective arrangements in place to manage risk and protect residents. The design and delivery of the service maintains and supports physical and psychological wellbeing for residents, while achieving best health and social care outcomes.

The inspector spent time sitting and observing staff and resident engagement. The inspector found that the staff understood and demonstrated a strong person-centered approach to care. The centre did not have an identified person allocated to oversee resident activities. The responsibility rests with all staff members in the centre. The communal sitting room was a hub of activity throughout the day. There was an activities programme displayed in the communal sitting room. The inspector spoke with staff and observed that staff understood their role and responsibilities regarding normal socialisation and engagement with residents. Staff considered activities an important part of their role to ensure that residents were comfortable and at ease in the environment. The activities plan for the day is discussed with the residents in the communal room and a decision is then taken by consent of all residents who wish to attend. Staff referred to the centre as the residents home and were respectful of this fact.

Residents' rights to privacy and dignity was respected. Staff sought consent for care procedures and were observed to be kind and caring in their interactions with

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

A review of residents' care records, the practice of staff, and feedback from residents found that healthcare needs were being met in a timely way. Following inspections in 2018 the nursing management team had introduced a new care planning documentation system. This system is now fully implemented. Residents' assessed needs were addressed by person-centred care plans that reflected their individual preferences and care choices. Each resident had a named nurse who took responsibility to ensure that care plans were updated with changes. The documentation in place was easily understood.

The inspector found good evidence of consultation between the clinical team and relatives. The assessment process used validated tools to assess each resident's dependency level, risk of malnutrition, falls risk and skin integrity. Clinical observations such as blood pressure, pulse and weight were assessed on admission and as required thereafter. The care plan reviews were conducted as per regulatory requirements.

Residents were protected by safe medicines management procedures and practices. Staff administering medicines were patient and took time with individual residents. Medicines management in the centre was audited. Residents' medicines were prescribed and regularly reviewed by their doctor.

The centre has residents who have responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) due to their medical condition. A positive approach was taken to support these residents' care needs. Each resident had a detailed, person-centred behaviour support care plan in place that clearly identified their support needs and informed prevention management strategies.

Regulation 11: Visits

All visitors are requested to sign in at reception on entering and leaving the centre. There were no restrictions on visits and family members said that staff were welcoming and approachable at all times.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises meet with the current resident needs. The building is two storey. Residents are accommodated on the ground floor only. The inspector did a walk of the premises with the person in charge. There are multiple communal rooms available for resident use. The communal rooms had a variety of comfortable furnishings and were domestic in nature. The provision of side tables was beneficial to residents in sitting rooms to support them with magazines, papers, snacks and drinks. The inspector found that the privacy and dignity of residents was promoted in each bedroom by its layout. There are ten single bedrooms and nine double bedrooms, each with an en-suite toilet and wash-hand basin. Following on from the last inspection the centre had installed a large bath. Many bedrooms were personalised with photos, memorabilia and artifacts. Handrails were available in circulation areas throughout the building and grab rails were present in toilets and bathrooms. Supportive equipment such as call bell facilities were seen in use by residents that promoted their independence. Overall the inspector noted that some remedial work was required and upgrade of some furniture. Areas that require attention included:

- The carpet in the main communal room was in a poor state of repair.
- The flooring in some resident bedrooms had rips that were a trip hazard for residents and required repair
- Multiple bedside lockers were in a poor state of repair
- Resident headboards were broken and required mending
- Resident armchairs were worn and had tears in the material.

The overall upkeep was discussed with the provider representative who showed a willingness to address the concerns raised and will provide a schedule of work for completion in the compliance plan response.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed the documentation in place for when a resident is temporarily transferred to another place of care. The inspector found that all relevant information about the resident was not provided.

Judgment: Not compliant

Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1). The risk register was a comprehensive and detailed document that was kept under review and discussed at the monthly management meetings. The management team ensured that operational risks were documented. Resident individual risk assessments were also conducted.

Judgment: Compliant

Regulation 27: Infection control

Overall the building was found to be clean. The inspector spoke with cleaning staff. The cleaning practices described to the inspector were not in line with best practice. A review and monitoring of the cleaning practices within the centre was required to bring the centre into full compliance with regulations.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The management of fire safety in the centre required further development. Quarterly servicing was not completed. This was done bi-annually. This was discussed on the day of inspection and immediate action was taken to ensure that quarterly servicing is completed.

The fire alarm was checked weekly. Simulated fire drills were carried out that included night time conditions. Staff spoken with were clear on what action to take in the event of the fire alarm being activated.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicines management procedures and practices. Medicines controlled under misuse of drugs legislation were stored securely and the balances were checked twice every 24 hours. Medicines management in the centre was audited. Residents' medicines were prescribed and

regularly reviewed by their doctor.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had a comprehensive assessment completed on admission and care plans were developed based on assessed needs. There was evidence that residents or their representative were involved in reviews of care plans. The inspector found evidence that reviews were consistently carried out every four months as per regulatory requirements. The care plans in place were person centered and guided care

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were met through timely access to treatment and therapies. Residents have access to a general practitioner (GP) and allied healthcare professionals. There was good evidence within the files that advice from allied healthcare professionals was acted on in a timely manner.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Behaviours associated with dementia were assessed and good practice was followed in the management of such behaviours to ensure the wellbeing and safety of residents.

The clinical team is promoting a restraint-free environment. There were systems in place to assess if a restrictive practice, such as bedrails, was appropriate to support a resident. All bedrails in use had been assessed and there was a consent form in place. Records reviewed evidenced a reduction in the number of residents that required bedrails in place.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to support the identification, reporting and investigation of allegations or suspicions of abuse. All staff had received training in the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were aware of their rights, including, civil, political and religious rights. These rights were respected by staff, and residents were supported to exercise their choices as much as possible. Advocacy services were available to assist residents where required.

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

Residents were supported to engage in activities that aligned with their interests and capabilities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0022808

Date of inspection: 01/05/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The person in charge is undertaking a Diploma in Nursing Leadership and Care Management and will have completed by 30th June 2019. The other person in charge is fully compliant.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The contract of care for St Anne's nursing home has been reviewed in line with current guidelines and recommendations.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose has been reviewed and has been submitted to the Chief Inspector.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>An inventory of all rooms ,furniture and fittings has been completed with regards to a</p>	

<p>planned repair and replace programme. The programme will be implemented in 3 phases. The lounge is part of phase 1 and has been redecorated and a new floor has been laid. Phase 1 also identifies armchairs and tables that need to be repaired or replaced. Phase 1 is June, July, Aug 2019. Phase 2 is Sept, Oct, Nov 2019 and phase 3 is Dec, Jan, Feb 2019/20.</p>	
<p>Regulation 25: Temporary absence or discharge of residents</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: The transfer/temporary absence form has been updated and the issue addressed with the nursing team.</p>	
<p>Regulation 27: Infection control</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The cleaning schedule has been re-evaluated and a new way of recording and monitoring will be introduced. All staff have been instructed to read the National Standards for infection prevention and control in community services 2018. Spot checks will be more frequent and carried out in line with the Home's auditing process by the management team.</p>	
<p>Regulation 28: Fire precautions</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The servicing of fire alarms is now 3 monthly. The service immediately happened the day after the inspection on the 2nd May and the certificate was forwarded to the Chief Inspector on the same day.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related field.	Substantially Compliant	Yellow	30/06/2019
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Yellow	28/02/2020
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the	Substantially Compliant	Yellow	15/05/2019

	designated centre concerned and include details of the fees, if any, to be charged for such services.			
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Not Compliant	Yellow	31/05/2019
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2019
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	02/05/2019
Regulation 03(1)	The registered	Substantially	Yellow	24/05/2019

	provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Compliant		
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