

# eDeposit Ireland

## Queen of Peace Nursing Home, Churchfield, Knock, Mayo.

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**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Queen of Peace Nursing Home
<b>Centre ID:</b>	OSV-0000379
<b>Centre address:</b>	Churchfield, Knock, Mayo.
<b>Telephone number:</b>	094 938 8279/ 094 938 8659
<b>Email address:</b>	queenofpeacecare@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	MMM Partnership
<b>Provider Nominee:</b>	Gerard Meehan
<b>Lead inspector:</b>	Lorraine Egan
<b>Support inspector(s):</b>	Ann-Marie O'Neill on Day 2
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	31
<b>Number of vacancies on the date of inspection:</b>	1

## **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.

**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 un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
23 March 2015 07:05	23 March 2015 16:25
24 March 2015 09:45	24 March 2015 15:35

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

As part of this inspection inspectors met with residents, family members, staff members, the provider nominee (hereafter called the provider) and the newly appointed person in charge of the centre.

Inspectors found that areas which had been identified as requiring significant improvement, such as the management of medication and governance arrangements, had been progressed satisfactorily. Improved governance arrangements were in place and it was evident these arrangements had improved accountability in the centre. Improvement was noted across all outcomes and the person in charge and provider had implemented systems to ensure areas which required improvement were progressed in a timely manner.

Areas which required further improvement were:

- The self administration of medication policy was not adequately detailed and the procedure for disposing of transdermal patches was not included in the policy
- Some assessments and care plans were not fully reflective of residents' current needs
- Some staff did not display adequate knowledge of the procedures to follow if an emergency evacuation of the centre was necessary
- Some staff did not display adequate knowledge of the procedures to follow if an allegation of abuse was witnessed or received
- Some bedroom doors were being held open with items and this was not in line with the centre's procedure outlining the precautions taken against the risk of fire in the centre
- The procedure for appealing the findings of an investigation into a complaint was not clearly outlined in documentation
- One shared bedroom did not provide adequate screening for both residents
- Volunteers in the centre did not have Garda vetting in place and there was no supervision of these volunteers

The findings are discussed further in the report and improvements required and the provider's response are included in the action plan at the end of the report.

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

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

**Findings:**

There was a written statement of purpose that accurately described the service that was provided in the centre. The services and facilities outlined in the centre's Statement of Purpose, and the manner in which care was provided, reflected the different needs of residents.

**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):**

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

**Findings:**

Inspectors found there were improvements in the governance of the centre with improved lines of accountability.

Inspectors met with the provider and person in charge throughout both days of the

inspection and carried out fit person interviews on the second day of inspection. Both the provider and person in charge demonstrated fitness in regard to their roles and were knowledgeable of the Regulations and their requirements thereunder.

Systems were in place to ensure required actions identified in the centre were addressed. A management meeting was held every Monday morning and an action plan was identified. Members of the management team, staff members or administration staff were allocated specific items to address. These were reviewed at the following meeting to ensure items had been addressed.

The provider and person in charge met on daily basis. It was evident the provider and person in charge had an open collaborative working relationship and that items which needed to be addressed were discussed and addressed as necessary.

There was an on call system in place to support staff in the evenings, at night and at weekends. This role was shared between the person in charge and the assistant director of nursing and it was outlined on the staff roster.

The person in charge had carried out audits in a number of areas including care plans, falls and the use of restraint. An inspector viewed a sample of these and found corrective action had been put in place where issues were identified. Improvement was required to some audits as inconsistencies identified by an inspector in resident care plans had not been identified by the person in charge. The person in charge told the inspector that he was planning to do an in depth audit of the care plans.

The person in charge told an inspector it was his intention to use the information gathered in the audits to carry out an annual review of the quality and safety of care in the centre.

**Judgment:**

Substantially Compliant

***Outcome 03: Information for residents***

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

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

There was a guide in respect of the centre available to residents. The guide clearly identified a summary of the services and facilities in the centre, the terms and conditions relating to residency, the procedure respecting complaints and the arrangements for

visits.

An inspector viewed a sample of residents' contracts for the provision of services and found that the contracts clearly outlined the support, care and welfare to be provided to residents along with the services provided and the fees to be charged. The contracts identified the items included in the weekly fee.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

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

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

The person in charge of the centre had been newly appointed since the previous inspection. Although he was new to the centre inspectors found he was knowledgeable of the residents and the areas which required improvement. Oversight in clinical areas had improved since the previous inspection.

Inspectors observed the person in charge throughout the inspection and conducted a fit person interview on the second day of the inspection.

The person in charge was a registered nurse and had experience in care of the older person as required in the Regulations. He was supported in his role by the provider and the assistant director of nursing.

He had maintained his continuous professional development and had undertaken courses in a number of areas, including management, and he told inspectors he was planning on completing a postgraduate course in gerontology. He demonstrated clinical knowledge and knowledge of his responsibilities under the Regulations.

The person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

**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):**

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

**Findings:**

Not all aspects of this outcome were reviewed on this inspection.

An inspector followed up on a required action relating to the records of restraint in the centre and found that restraint was no longer used in the centre. This is discussed further under Outcome 7: Safeguarding and Safety.

Improvement was required to the medication policy. The procedure outlining the safe disposal of some medications, for example the disposal of transdermal patches, was not included in the policy. The policy on the self administration of medication policy did not adequately outline the procedure for supporting residents to self administer medication if they so wished.

Residents' oral hygiene needs were not adequately outlined in the care plans. Although oral hygiene was referenced in the outline of residents' personal care needs it was not adequately detailed to provide adequate guidance for staff in delivering this care.

Resident missing persons' profiles required improvement as not all profiles were fully completed. For example, the height and body type of the resident was not completed in many of the profiles viewed.

Inspectors were told the provision of activities in the afternoons only was the choice of residents. However, activity assessments did not show this was based on the assessed needs and wishes of residents.

Improvement was required to some information contained in residents' care plans. An inspector found that not all information was consistent or up to date. This had not been identified as part of the audits carried out by the person in charge. Further review of the care plans was required to ensure information accurately described the current needs of residents. For example, some care plans identified residents as using bedrails which were no longer in use. The action pertaining to this is included in the action plan under Outcome 2: Governance and Management.

**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 person in charge had not been absent from the centre for a period which would require notifying the Authority. The provider was aware of his responsibility to notify the Authority in the event the person in charge would be absent for a period of 28 days or more.

The assistant director of nursing was identified as the person who would undertake the person in charge role in the absence of the person in charge. The assistant director of nursing was not working in the centre on the days of the inspection.

An inspector conducted a telephone interview with the assistant director of nursing following the inspection. The inspector found the assistant director of nursing was knowledgeable of her requirements under the Regulations should she be fulfilling the person in charge role.

**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):**

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

**Findings:**

Not all aspects of this outcome were reviewed on this inspection.

The centre had implemented measures to protect residents from being harmed or suffering abuse. The inspector was told there had been no allegations of abuse in the centre and this was verified in that no notifications had been received.

There was a new policy in place for responding to allegations of abuse. The provider and person in charge were clear regarding their responsibilities if they received an allegation of abuse.

Staff had received training in the prevention, detection and response to abuse. Training was planned for the end of March and beginning of April for staff who required updated training in this area.

Improvement was required to some staff members understanding of the procedure to be followed if they received an allegation of abuse in the centre. Some staff did not display adequate knowledge and did not adequately outline how the resident would be safeguarded. This was brought to the immediate attention of the provider and the person in charge who were asked by an inspector to address this issue of concern.

The provider and person in charge responded by providing further training and support to the staff members prior to the commencement of their next shift. This included outlining the procedure to be followed in a one page document and furnishing staff members with this document.

An inspector viewed the arrangement in place for supporting residents who displayed behaviours that challenge. Information was being compiled on the behaviour including the antecedent, the type of behaviour and an outline of what occurred after the behaviour. The person in charge used the information to commence work on behaviour support plans for residents who displayed behaviours that challenge.

The use of restraint in the centre had been eradicated by the provision of low low beds, crash mats and alarms at night and increased supervision during the day. The person in charge told an inspector that the restraint free environment was beneficial to residents and said that no incidents had occurred as a result of discontinuing the use of bedrails and lapbelts. He said a restraint free environment would continue to be promoted in the centre.

**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):**

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

**Findings:**

Not all aspects of this outcome were reviewed on this inspection.

Appropriate infection control measures were in place. Residents with healthcare associated infections were receiving appropriate care and measures were in place to prevent the spread of infections in the centre. Staff had received training in hand washing and systems were in place for the appropriate safe laundering of clothing, bed linen and towels.

There was no evidence that all staff had taken part in a fire drill. One drill had taken place at night, however this was not adequate as not all staff working at night had taken part in a drill and some staff were not adequately knowledgeable regarding the procedure to be followed in the event of a fire in the centre. This was brought to the immediate attention of the person in charge and the provider who put measures in place to retrain these staff members prior to the commencement of their next shift.

An inspector found that some bedroom doors were being held open with items such as bins and some doors were left ajar in the early morning. This was not in line with the centres fire procedures.

**Judgment:**

Non Compliant - Major

***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 policy and procedures for prescribing, administering, recording, storing and disposing of medication. However, the policy on self-administration of medication and disposal of some medications required improvement. This is discussed further under Outcome 5: Documentation to be kept at a designated centre.

An inspector observed a nurse administering medication. Good practices were observed and the nurse demonstrated knowledge of best practice in regard to medication

management and administration.

A sample of medication prescription sheets were viewed. Medications were administered in line with the prescription and the recording sheet was signed by nurses.

A sample of residents' medication was viewed. Medications were stored in the centre's medication trolley and was locked to the wall in the clinical room. The nurse on duty held the keys to the medication trolley.

Medications were blister packed and checked on arrival to the centre by the person in charge, the assistant director of nursing or the nurse in charge.

There was a fridge for storing medication which needed refrigeration. The temperature of the fridge was recorded on a daily basis. Medications requiring temperature control were stored in the fridge.

Medication audits had been carried out by the pharmacy which supplied the centre's medication and by the assistant director of nursing.

**Judgment:**  
Compliant

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

**Theme:**  
Safe care and support

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

**Findings:**  
The inspector viewed the records of accidents and incidents in the centre and found that the centre was maintaining a record of all incidents in the centre which included the staff response to the incident and any further information where necessary. Incidents which required notification to the Authority had been notified as required.

**Judgment:**  
Compliant

***Outcome 11: Health and Social Care Needs***  
***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are***

***drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**Theme:**

Effective care and support

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

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

**Findings:**

There was evidence that residents had access to allied health care as required and allied health care such as physiotherapy, chiropody, occupational therapy, speech and language therapy, dental care and ophthalmology. Residents were supported to remain with their general practitioner (GP) on admission to the centre or were supported to access a local GP if required.

The inspector viewed a sample of residents' care plans and saw that care plans were in place to ensure residents were supported in line with their assessed needs. Care plans included a nursing report and a range of assessments relevant to the resident, for example risk of falls assessment, skin integrity assessments detailing the resident's risk of developing pressure ulcers, nutritional risk assessments, mobility and safety assessments and continence assessments. The assessments informed the development of care plans where required. There was evidence these assessments and care plans had been completed and reviewed by nursing staff. Residents' or their representatives participated in the review of the care plans.

Improvement was required to some care plans as some information was inconsistent. This is discussed further under Outcome 2: Governance and Management and Outcome 5: Documentation to be kept at a designated centre.

Residents and relatives spoken with expressed satisfaction with the care and support provided in the centre. Residents said they felt safe, were listened to and enjoyed the food.

**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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> Not all aspects of this outcome were reviewed on this inspection.</p> <p>An inspector viewed the premises and found that upgrading had taken place since August 2014. The provider outlined his plan of further upgrading of the centre which included the expansion of some en suite toilet facilities to include en suite showering facilities, the addition of a hairdressing room and the retiling of the hallway area beside the kitchen.</p> <p>Access to the external garden had been improved and the raised flowerbeds were now accessible to wheelchair users. The provider stated his intention to assist residents to use this facility when the weather improved.</p>
<p><b>Judgment:</b> Compliant</p>

***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:**  
Not all aspects of this outcome were reviewed on this inspection.

On reviewing the statement of purpose, the guide for residents and the complaints procedure in the foyer of the centre it was not clear what the appeals procedure was and who the complainant could contact if they wished to appeal the findings of an investigation into a complaint. Improvement was required to ensure there was a clear appeals procedure outlined in the documentation.

**Judgment:**  
Substantially Compliant

***Outcome 14: End of Life Care***  
***Each resident receives care at the end of his/her life which meets his/her***

***physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.***

**Theme:**

Person-centred care and support

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

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

**Findings:**

Not all aspects of this outcome were reviewed on this inspection.

An inspector viewed a sample of care plans for end of life and found care plans were in place which outlined the residents' wishes for their end of life.

Relatives spoken with outlined their satisfaction with the care provided for residents at end of life.

**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):**

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

**Findings:**

Not all aspects of this outcome were reviewed on this inspection.

An inspector followed up on the required action from the inspection which took place in November 2014 and found the centre had addressed this in line with their action plan response. Residents requiring modified consistency diets had two choices at mealtimes.

**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):**

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

**Findings:**

Not all aspects of this outcome were reviewed on this inspection.

The provision of activities in the centre had been improved. An activities coordinator was employed for four hours three days per week. Outside of those times care assistants were responsible for carrying out activities with residents.

Inspectors observed activities over the two days of inspection and found that there were no activities in the morning apart from the option of attending mass. Inspectors were told that this was by resident choice. However, the activities assessments did not show this was resident choice. This is discussed further under Outcome 5: Documentation to be kept in a designated centre.

The provider told an inspector he had purchased a wheelchair accessible vehicle to support residents to access appointments and outings. Some residents were supported to go shopping on Wednesdays with the provider. The provider told an inspector of his intention to consult with residents to plan outings.

Screening in shared bedrooms required improvement. One bedroom viewed by an inspector did not provide adequate screening to allow both residents privacy.

**Judgment:**

Substantially 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):**

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

**Findings:**

Not all aspects of this outcome were reviewed on this inspection.

An inspector found volunteers were visiting and spending time with visitors alone in their bedrooms. The centre did not have Garda vetting for these volunteers and the volunteers were not supervised when alone with residents. In addition, the volunteers did not have their roles and responsibilities set out in writing.

**Judgment:**

Non Compliant - Major

**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:***

Lorraine Egan  
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 report<sup>1</sup>**

<b>Centre name:</b>	Queen of Peace Nursing Home
<b>Centre ID:</b>	OSV-0000379
<b>Date of inspection:</b>	23/03/2015
<b>Date of response:</b>	26/05/2015

**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 02: Governance and Management**

**Theme:**  
Governance, Leadership and Management

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

Improvement was required to some audits as inconsistencies identified by an inspector in resident care plans had not been identified by the person in charge.

**Action Required:**

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

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

monitored.

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

The quality management and audit system used for the review of care plans will be reviewed by the PIC to allow an effective concise audit.

**Proposed Timescale:** 01/06/2015

**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:**

The policy on self administration of medication did not adequately outline the procedure for supporting residents to self administer medication if they so wished.

The medication policy did not include the procedure for disposing transdermal patches.

**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:**

The medication policy has been reviewed to include a clear procedure for residents wishing to self-administer medication and the procedure for disposing of transdermal patches in line with best practice.

**Proposed Timescale:** 01/05/2015

**Theme:**

Governance, Leadership and Management

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

Residents' oral hygiene needs were not adequately outlined in the care plans.

Some resident missing persons' profiles were not fully completed.

Activity assessments did not show that lack of activities in the morning was based on the assessed needs and wishes of residents.

**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:**

Care plans will be reviewed to show detailed oral hygiene needs of all residents.

Missing person profiles will be completed fully on admission of all new residents

Activity assessments will reflect the level of identified need and preference of activity within the home.

**Proposed Timescale:** 01/06/2015

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

Some staff did not display adequate knowledge of an appropriate response to allegations of abuse and did not adequately outline how the resident would be safeguarded.

**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:**

All staff have received further in-depth training regarding the appropriate response to allegations of abuse and the safe guarding of residents.

**Proposed Timescale:** 19/05/2015

**Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

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

Bedroom doors were being held open with items such as bins.

**Action Required:**

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

All staff have since attended annual fire training and have been reminded of the policy in place within the home. Only fire doors fitted with self-closing devices may be left open.

**Proposed Timescale:** 18/05/2015

**Theme:**

Safe care and support

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

Some staff had not taken part in a fire drill and some staff were not adequately knowledgeable regarding the procedure to be followed in the event of a fire in the centre.

**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:**

Fire drills will be planned at such a time to allow the participation of all staff. All staff have since attended annual fire training and have been reminded of the policy in place within the home should a fire occur.

**Proposed Timescale:** 19/05/2015

**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:**

The procedure for appealing the findings of an investigation into a complaint was not clearly outlined.

**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:**

The protocol in place for appealing a complaint has been reviewed to allow for a clear concise procedure.

**Proposed Timescale:** 30/03/2015

### **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:**

One bedroom did not provide adequate screening to allow both residents privacy to undertake personal activities in private.

**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:**

Screening in the above mentioned room has since been adjusted to allow adequate screening of both residents occupying the room.

**Proposed Timescale:** 30/03/2015

### **Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

The centre did not have Garda vetting for volunteers.

**Action Required:**

Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

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

Garda vetting has now been submitted for all volunteers attending the home.

**Proposed Timescale:** 07/04/2015

**Theme:**

Workforce

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

Volunteers did not have their roles and responsibilities set out in writing.

**Action Required:**

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

Volunteers will have their roles and responsibilities clearly set out in writing prior to commencement of any duties.

**Proposed Timescale:** 07/04/2015

**Theme:**

Workforce

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

Volunteers were not receiving supervision.

**Action Required:**

Under Regulation 30(b) you are required to: Provide supervision and support for people involved on a voluntary basis with the designated centre.

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

Volunteers will receive supervision from a trained member of staff whilst on the premises.

**Proposed Timescale:** 07/04/2015