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St Colman's Residential Care Centre, Ballinderry Road, Rathdrum, Wicklow.

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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 Colman's Residential Care Centre
Centre ID:	OSV-0000492
Centre address:	Ballinderry Road, Rathdrum, Wicklow.
Telephone number:	0404 46109
Email address:	claire.waldron@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	John O'Donovan
Lead inspector:	Gary Kiernan
Support inspector(s):	Conor Dennehy;
Type of inspection	Announced
Number of residents on the date of inspection:	90
Number of vacancies on the date of inspection:	20

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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
14 January 2015 10:30	14 January 2015 20:00
15 January 2015 08:45	15 January 2015 14:30

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 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This monitoring inspection was carried out in response to an application from the provider to renew the registration of the centre. As part of the monitoring inspection inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Survey questionnaires submitted to the Authority by residents and relatives were also reviewed and showed that residents and relatives were very satisfied overall with the care provided.

Inspectors found that, further to a series of improvements after previous inspections, there was a good level of compliance in the almost all areas. The management team had been strengthened and expanded and this resulted in better governance

arrangements and better oversight of the care provided to residents. However, there were aspects of the physical environment which did not comply with the requirements of the Authority's Regulations and Standards. A plan for addressing these works had not been submitted to the Chief Inspector.

The healthcare needs of residents were met to a high standard and residents had prompt access to general practitioner (GP) services and to a range of other allied health professionals. The activities programme had been improved resulting in improved opportunities for social engagement during the day. Residents were consulted about the operation of the centre.

A risk management process was in place for all areas of the centre. Residents felt safe in the centre and satisfactory safeguarding procedures were in place. The centre's policies and procedures for medication management protected residents. Residents' nutritional needs were met to a high standard and the dining experience continued to be well managed.

The number and skill mix of staff was satisfactory to meet the needs of the residents. Staff members had attended mandatory training in fire and safeguarding as well as a range of additional continued professional development training.

These matters are discussed further in the report and 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):

No actions were required from the previous inspection.

Findings:

The designated centre had a Statement of Purpose in place which complied the Regulations' requirements.

The Statement of Purpose for St Colman's Residential Care Centre accurately described the aims and objectives of the centre along with the facilities and services on offer. All other regulatory requirements were met and inspectors observed that the Statement of Purpose was clearly implemented in practice.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure in place and the provider and person in charge had systems in place to monitor and review the quality and safety of care on

an ongoing basis.

The management structure was clearly set out and reporting relationships were understood by the staff. The management team had been strengthened through the addition of two clinical nurse managers (CNM2). Inspectors found that this arrangement provided for greater support for the person in charge and assistant director of nursing (ADON).

The person in charge and the clinical nurse managers (CNMs) monitored performance indicators and areas of risk closely. A report on the health condition and status of each resident was reviewed by the management team each day. There was a good system of auditing in place and action plans were implemented in response to any areas for improvement which were identified. For example, inspectors read a series of audits which had been carried on residents' clinical assessment and care planning documentation. These audits were of a good quality. Areas for improvement were documented, addressed and followed up by the auditor. As discussed under outcome 11 this resulted in a good standard of clinical assessment care planning in relation to residents' health and social care needs.

The person nominated on behalf of the provider participated in the inspection and interview was carried out. He demonstrated a full understanding of his roles and responsibilities under the Regulations. The provider had ensured that there were appropriate resources, including appropriate equipment and staffing to meet the needs of residents. The person in charge had the authority and autonomy to make decisions in relation to the allocation of additional resources when needed.

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 information provided to residents was sufficient to comply with the Regulations.

Inspectors read a sample of the written contracts for residents in the designated centre and found that they met the requirements as set out by the Regulations. The residents' guide was also reviewed by inspectors and found to be in compliance with the Regulations.

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):

No actions were required from the previous inspection.

Findings:

The provider had taken steps to ensure that arrangements for the role of person in charge had been fully met.

The person in charge demonstrated a professional and proactive approach to meeting the needs of the residents throughout both days of inspection. She was fully prepared for inspection and all information and documentation requirements were readily provided.

An interview was held with the person in charge where she demonstrated a thorough knowledge of her roles and responsibilities under the Regulations and Standards. The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. She demonstrated a commitment to continually improving service provided and outcomes for residents. Staff members and residents stated that she was readily available to them for support and advice. Inspectors regularly observed the person in charge on the floor actively engaging with residents and overseeing the quality and safety of care delivered.

The person in charge had maintained her continued professional development and had attended a number of pertinent short courses in areas such as nutrition and dementia care. She had previously completed a degree course in practice development and change management. She also described plan to complete further studies in healthcare management. The person in charge demonstrated strong clinical knowledge throughout the inspection with regard to the care of older persons.

The person in charge was supported in her role by the ADON who deputised in the absence of the person in charge. The ADON participated fully in the inspection and demonstrated a thorough knowledge and understanding of her roles and responsibilities under the Regulations.

Judgment:

Compliant

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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 designated centre had a range of policies in place to guide staff on the delivery of care to residents but the directory of residents required more information.

All the policies required by Schedule 5 of the Regulations were kept in St Colman's Residential Care Centre and reviewed at sufficient intervals. Staff spoken to were knowledgeable about the policies in operation and where they could be located within the centre. The centre had adequate insurance cover in place.

Inspectors reviewed a sample of residents' records and found that they were maintained in line with the Regulations. Staff files were also inspected on day one of the inspection where it was observed that one staff member's file was missing photo identification. The necessary photo identification was provided to inspectors on day two of the inspection by the person in charge.

A directory of residents was in place and maintained up to date. While it contained the majority of information required by Regulations, it not routinely record the source of admission for the residents.

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

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence.</p>
<p>Judgment: Compliant</p>

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:
Measures were in place to protect residents from being harmed or suffering any form of abuse. All residents spoken to said that they felt safe and secure in the centre and said they could speak openly to the staff if they had any concerns.

In response to the findings of a previous inspection, progress had been made to improve the assessment and documentation in use for residents who used physical restraint such as bedrails. Risk assessments were carried out, the safety of bed rails was checked and the consideration of alternatives was documented. As a result of trialling alternatives, such as low beds and crash mats, the staff had reduced the number of bedrails in use in accordance with national policy on restraint as published on the website of the Department of Health.

There were systems in place to meet the needs of resident who displayed behaviours that challenge. Residents had good access to the services of the psychiatric team who visited the centre on regular basis. Residents who were prescribed "as required" psychotropic medications were reviewed regularly by the general practitioner (GP) and the psychiatrist. Staff, spoken to by inspectors, were aware of the need to only administer these medications under restricted conditions. Inspectors reviewed records which showed that these medications were administered in accordance with agreed protocols set out in the care plans.

A policy relating to the prevention and detection of elder abuse was in place to guide staff. The policy was comprehensive and provided sufficient detail in order to guide staff on the steps to follow in the event of an allegation of abuse. The person in charge and nursing staff demonstrated knowledge and understanding of this policy and outlined the appropriate steps to take in the event of any suspicions or that any allegation of abuse was made. Staff spoken to by the inspectors demonstrated good knowledge and awareness in this area, including their duty to report any suspected form of abuse. Staff had up to date training in the protection of vulnerable adults.

Staff in the centre were not responsible for holding any money on behalf of residents. Documentation was in place to monitor and record any valuables which were deposited with the administration staff for safe keeping. Clear and accountable records were maintained in relation to charges made to residents and inspectors read an independent audit of accounts which had been carried out by an external auditor. This document indicated that residents' interests were protected.

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 dated February 2013 was shown to inspectors. An emergency evacuation plan was in place outlining the procedures to be followed in the event of a number of emergencies such as flooding and fire arising. Minutes from quarterly risk and safety committee meetings were also seen where issues such as falls, incidents and near misses were addressed.

A risk management policy, dated January 2015, was in place which complied with the requirements of the regulations. Inspectors read a centre wide risk register which was accompanied by appropriate risk assessments outlining the nature of centre specific risks, control measures and the person responsible. It was noted by inspectors that slips, trips and falls was not included as an open risk on the register. During feedback the person in charge stated that this was treated as an environmental risk and would be reviewed.

Inspectors reviewed the fire register and found that the required maintenance checks on the fire alarm, emergency lighting and fire extinguishers were being carried out at the

appropriately intervals. Fire orders were on display throughout the centre, emergency lighting was operational and emergency fire exits were unobstructed. Fire drills were also regularly conducted in the centre. Although an attendance sheet for each drill was maintained, the outcomes of the drills was not always recorded. The person in charge undertook to address this matter by introducing a more detailed recording system for these events.

Staff members spoken to were knowledgeable about what to do in the event of a fire alarm going off. However it was noted by inspectors, while reviewing training records, that eight staff members had not undergone any fire training during 2014. When this was brought to the attention of the person in charge assurances were given the necessary training would be provided for these staff by 3 February 2015.

There was sufficient availability of hand gels and personal protective equipment within St Colman's Residential Care Centre. Staff were also knowledgeable about what to do in the event of an outbreak of infectious disease. Residents in pre-inspection questionnaires and those spoken to on inspection indicated that they felt safe within the centre.

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:
Inspectors were satisfied that each resident was protected by the designated centres' policies and procedures for medication management.

Having reviewed prescription and administration records, procedures for the storage of medication including those requiring refrigeration and procedures for the management of medications that required strict controls, inspectors were satisfied that appropriate medication management practices were in place guided by a comprehensive policy.

Staff had received training and monthly audits were conducted to ensure compliance with the centre's policy and any discrepancies were rectified immediately. Written evidence was available that three-monthly reviews were carried out. Satisfactory systems were in place the reporting and responding to medication errors.

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:

All notifiable events had been reported to the Chief Inspector in line with the Regulations.

Inspectors reviewed a log of incidents within the designated and found that all incidents which required notification to the Chief Inspector had been carried out within the necessary time limits.

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):

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

Findings:

Inspectors were satisfied that each resident's wellbeing and welfare was 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 were set out in an individual care plan with evidence of resident or relative involvement at development and review.

The care plans which were seen by inspectors were sufficiently detailed in order to guide the care of the resident. Care plans were updated when there was a change in the condition of the resident.

Inspectors followed up on an action from the previous inspection in relation to the management of behaviours of concern and found that appropriate action had been taken to address this matter. The person in charge had taken steps to ensure that there was increased oversight and monitoring in this area. The resident involved had been reviewed by a number of different allied health professionals and a medication review had been carried. A satisfactory record was maintained in the event that residents presented with behaviours that challenge and these records were analysed in order to identify triggers to behaviours and appropriate responses.

Inspectors found evidence of good practice in relation to falls management. A comprehensive falls management programme was in operation, as overseen by the CNMs. The falls data which has been gathered showed that there had been a significant reduction in the number of falls since the introduction of this programme. Staff attributed these reductions to training in falls prevention which had been provided to all the staff. There was also an emphasis on the provision of falls prevention equipment, for example, alarmed mats which alerted staff when staff with a high falls risk were mobilising. A good quality of assessment and care planning was noted in response to residents' falls risk and the physiotherapist was involved in this process. A detailed post fall assessment document was completed in the event that any resident had a fall.

Inspectors reviewed the management of other clinical issues such as wound care, nutritional care and dementia care and found they were in accordance with evidence based practices and guided by robust policies.

Residents told inspectors that they were encouraged to have meaningful roles within the centre, for example, during religious ceremonies and in music activities. There was a varied and interesting activities programme which had been improved and expanded in response to previous inspections. Each resident had opportunities to participate in meaningful activities and the activity programme was based on residents' assessed interests and capabilities. One on one activities and specialist communication activities were organised for residents who had dementia. A sensory stimulation room was provided and the activities coordinator stated that many residents found this room very therapeutic and relaxing. Inspectors noted it was used by a large number of residents on both days of inspection.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations

2013.

Theme:

Effective care and support

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

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

Findings:

The physical environment was not purpose built and did not meet the needs of the residents in a number of respects. A satisfactory plan, including projected costs and timescales, had not been put in place to address deficits in the physical environment.

There were only four single bedrooms provided which was not sufficient given the maximum occupancy of this centre. The previous inspection found that this was not sufficient in order for the service to be provided in accordance with the statement of purpose. Action had not yet been taken to address this matter. This was evident in the area of end of life care as all residents, who required this type of care, did not have access to a single room and an appropriate level of privacy at this time of life.

The majority of bedrooms were multi-occupancy rooms for between three and five residents which did not meet with the requirements of the Regulations and Standards. Inspectors visited a range of bedrooms including all three bedrooms which accommodated five residents and found that the multi-occupancy rooms did not afford a satisfactory level of privacy and dignity. While there was satisfactory screening between the beds in order to allow personal care to be delivered, the screens did not prevent the spread of odours and noise. There was very limited space between the beds in some bedrooms. Many of the residents required assistance with continence care or used a commode by the bedside and these rooms did not provide for the privacy and dignity of these residents.

Residents were facilitated to personalise the areas around their beds with family photos and small personal items, however there was limited space to facilitate this. Satisfactory storage space was provided. Call bells were provided and were within easy reach of beds.

These matters were discussed with the provider who described a number of options for building work and redevelopment of the site which were under active consideration by the Health Service Executive (HSE). The provider stated that, while these works were being reviewed and planning and engineering professionals were in the process of being consulted, a finalised plan of work, including timeframes, was not available at the time of inspection. The provider undertook to provide these plans to the Chief Inspector as soon as they became available.

In response to the challenges posed by the physical environment, the person in charge outlined plans to implement some improvement measures in the interim period while building works were ongoing. Inspectors were shown two decommissioned wards which

the person in charge planned to adapt in order to provide additional bedroom space. This work had not commenced at the time of inspection. The person in charge stated that this additional space would be used to reduce the size of the shared bedrooms and totally eliminate the need for five bedded rooms.

A satisfactory number of toilet and bathing facilities were available to residents. Residents were required to walk down communal hallways to access a number of these facilities and inspectors found that this did not support the dignified care of residents at all times. However, inspectors noted that the provider had overseen a programme of works to incrementally upgrade and improve the toilet and bathing facilities which were available.

A variety of comfortable communal spaces were provided. However, many of these areas were not conveniently located close to residents' bedrooms. A large dining room was provided. There was variety of large and comfortably furnished sitting rooms. While two smaller sitting rooms were available where residents could meet guests in private, it was noted that these rooms were not conveniently located for a large number of residents. A number of residents liked to sit in the bright seating area which looked out onto the secure garden. An oratory was provided where residents could be alone and pray. An activities room and a sensory stimulation room with colourful light installations and relaxing music was also provided and it was evident that many residents used this facility on a regular basis. Grab rails and hand rails were provided in all communal areas.

Appropriate assistive equipment was provided to meet residents' needs such as wheel chairs, specialised beds and mattresses. Inspectors viewed the servicing records and maintenance records for equipment and found they were up-to-date. The centre was all on the ground floor level.

Appropriate arrangements were in place for the disposal of clinical waste and a separate, locked clinical waste area was provided. Satisfactory sluice facilities were provided. A good standard of hygiene and cleanliness was maintained in the centre. Cleaning equipment was appropriately stored.

Judgment:

Non Compliant - Major

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:

Practice in relation to complaints management was satisfactory.

The procedure for complaints was displayed for residents and it clearly identified the complaints officer. Complainants who were not satisfied with the initial response to their complaint were directed to an independent appeals process. There was a comprehensive centre-specific policy in place which provided clear guidance to staff. The person in charge and the staff demonstrated a positive attitude towards complaints. The complaints log recorded details of any complaints made. The complainant's level of satisfaction with the outcome of a complaint investigation was recorded in accordance with the requirements of the Regulation. Residents and relatives said that they felt comfortable making a complaint and stated that they were encouraged to give their feedback.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

There was good practice in relation to the provision of end of life care.

During a thematic inspection, focussed on end of life and food and nutrition in October 2014, there was evidence of good practice in relation to end of life care. Inspectors found that this continued to be the case during this inspection. A substantial number of staff from all grades and departments had attended end of life training in 2014. Staff members were very knowledgeable regarding end of life needs and how to meet these needs in a sensitive way. There was a comprehensive policy on end-of-life care which was detailed and centre specific. Residents' preferences with regard to end of life were recorded by the nursing staff and care plans were developed. Records of care given to residents showed good practice including pain management and provision for meeting the resident's emotional and spiritual needs.

The nursing staff stated that the centre maintained strong links with the local palliative care team and all were very aware of how to initiate contact with the service. There was an emphasis on making contact with the service at the earliest possible stage in order to maximise the comfort of the residents.

The person in charge stated that the residents had access to a priest or other religious ministers as required and residents spoken to by the inspector confirmed this. There was good support for the families of residents who were receiving end of life care. Inspectors were shown an accommodation unit which had been set aside on the grounds of the centre for families to use. This allowed families who did not live locally to stay overnight and to be close to their loved ones in their final days and hours.

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:

Inspectors were satisfied that residents received a varied and nutritious diet that offered choice. Further to the thematic inspection, carried out in October 2014, there was evidence of a continued good practice in this area.

Inspectors observed the main meal and spoke to residents who stated they were very happy with the food on offer. Tables were attractively set. The food provided was nutritious, hot and attractively presented. Residents had a choice at each meal time and individual preferences were readily accommodated. Staff monitored the meal times closely and there continued to be a good system in place for ensuring that residents who required modified consistency meals were provided with the appropriate diets. Inspectors found that meal times were a social and unhurried experience.

The inspector saw residents being offered a variety of drinks throughout the day. Residents stated that they could request additional snacks or drinks if they were feeling hungry and could also request this for their visitors.

Regular nutritional assessments were carried out by the nursing staff in order to identify any resident who was at risk of poor nutrition or losing weight. Appropriate care plans were drawn up for residents who were identified as being at risk. There was good access to the dietician and the speech and language therapist for those residents who required this.

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:

Inspectors were satisfied that residents were consulted in the running of the designated centre and had their rights respected.

Minutes of resident committee meetings were reviewed where issues relating to the running of the centre, such as catering, safety and complaints, were discussed. It was evident that issues raised during these meetings were acted upon. For example the location of a computer in the centre was altered to include a privacy screen as requested while residents were given the chance to vote on the colour of new cups used in the centre.

Comment boxes were available in the main lounges of the centre. Residents also had access to a strong advocacy service. The availability of the advocacy service and the next residents' committee meeting date and venue were clearly highlighted on notice boards throughout the centre. Residents spoken to indicated that they were listened to and did have a say in the running of the centre.

Inspectors saw a list of activities within the centre which included bingo, crafts and snoezelen therapy. A list of Christmas events was also seen that included caroling, scouts visits and a staff versus residents quiz. During a crafts session on day 1 of inspection, it was observed that residents present appeared engaged and to be enjoying the activity provided. Residents also took great pride in showing inspectors a charity calendar which they had provided the artwork for.

Residents spoken to indicated that they were happy with the level of activities in the centre. Some stressed that they were given ample opportunity to partake in the activities they enjoyed but participation was always optional. Throughout inspection residents were seen reading newspapers, watching television, using the computer, listening to the radio and relaxing in a large conservatory area. One resident played the organ in the centre's chapel. Residents told inspectors that they could see a religious minister of their choice at any time and mass took place in the centre on three mornings each week. Some residents went out to religious services.

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:

The clothing and personal property of residents was appropriately managed within St Colman's Residential Care Centre.

Inspectors read a Policy on Residents' Property dated March 2014. In line with the policy a record of each resident's personal belongings was created on admission and kept up to date thereafter. Each resident was also provided with their own lockable wardrobe and bedside locker to store their belongings as stated in the policy.

The process for the washing and return of laundry was described to inspectors by involved staff members. All laundry in the designated centre was collected in colour coded bags unique to each unit of the designated centre and delivered to the laundry. Each unit's clothing was washed in separate washing machines before being carried to specific linen rooms in those units for sorting and return to residents. Satisfactory infection control precautions were in place in the laundry area.

Residents and relatives spoken to indicated that they were happy with how residents' laundry and personal possessions were handled within the designated centre.

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:

Inspectors found that practice in relation to the recruitment of staff and the level of staffing and skill mix was satisfactory.

Inspectors observed staffing levels and skill mix on the day of the inspection and referred to the rosters. The person in charge based staffing levels on the assessed dependencies of the residents and changes to the roster were made in response to changes in residents' needs. The level of staffing and skill mix met the needs of the residents at the time of inspection.

There was a comprehensive written operational staff recruitment policy in place. A sample of staff files was reviewed and the inspector noted that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. The inspector requested the an Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that all were in place.

Staff members were encouraged to maintain their continued professional development. A training schedule was in place and staff stated they were encouraged to attend courses. The records showed that training had been recently provided for staff and this included nutrition, infection control, medication management, restraint and end of life care.

The ADON discussed the introduction of a new staff performance and development appraisal system. The ADON stated that training was being provided to staff in advance of rolling out this system in the organisation.

Eight volunteers were attending the centre at the time of inspection. The person in charge had attended to the requirement for Garda vetting and the required documentation checks including references.

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:

Gary Kiernan
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 Colman's Residential Care Centre
Centre ID:	OSV-0000492
Date of inspection:	14/01/2015
Date of response:	27/02/2015

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 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 directory of residents did not specify any designated centre, hospital or other body which arranged residents' admissions to St Colman's Residential Care Centre.

Action Required:

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

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:

The directory of residents now specifies the designated centre, hospital or other body which arranged the resident's admission to the centre.

Proposed Timescale: 27/02/2015

Outcome 12: Safe and Suitable Premises**Theme:**

Effective care and support

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

There were deficits in the premises, which did not meet the needs of the residents.

Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

The Register Provider is committed to the provision of accommodation in compliance with the Regulations on site and a Project Team is in place to progress this plan. A Design Team has been appointed to the project and a meeting of the Project Team/Design Team took place on the 6th of February 2015. A detailed design outlining preferred options on site is expected to be completed by mid Autumn 2015. This will form the basis for the final preferred option and will enable detailed design and build costs to be achieved and ensure early engagement with the local planning authority to determine the project timelines. The Registered Provider will provide the Inspectorate with regular updates on this project and will ensure that the Inspectorate is kept appraised of all project timelines in this regard.

In the interim the Registered Provider is committed to improving the environment of the existing facility to enhance the privacy and dignity afforded to its residents.

The Registered Provider is committed to ensuring that a maximum level of occupancy for each room is set at four and that in cases of smaller rooms that this level would be set at three residents. The Person in Charge has already commenced this process with a completion date centre-wide proposed for the 1st of September 2015. This will ensure further opportunity for consultation with residents and their families where necessary. It will also ensure that enabling works (physical) can take place to enhance the redefined "space" for each resident.

The Registered Provider will secure professional advice and support to evaluate and improve air handling and ventilation systems within the Centre.

The Provider Nominee has secured appropriate resources to enable the necessary augmentation to be carried out and is committed to the continuous improvement of the

internal environment within St Colman's Residential Care Centre. A minor capital investment programme is in place for 2015.

Proposed Timescale: Reconfiguration and refurbishment – September 2015.
Redevelopment Project – 2017-2018 (TBA)

Proposed Timescale: 15/09/2015