



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Queen of Peace Nursing Home
Name of provider:	Queen of Peace Nursing Home Limited
Address of centre:	Churchfield, Knock, Mayo
Type of inspection:	Unannounced
Date of inspection:	09 June 2022
Centre ID:	OSV-0000379
Fieldwork ID:	MON-0037001

## About the designated centre

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

Queen of Peace Nursing Home is a purpose built facility located near Knock, Co Mayo. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is constructed over two floors with residents occupying the ground floor only. Resident bedrooms are single and double occupancy. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping and catering staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	32
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 9 June 2022	09:10hrs to 18:15hrs	Leanne Crowe	Lead
Thursday 9 June 2022	09:10hrs to 18:15hrs	Ruth Waldron	Support

## What residents told us and what inspectors observed

Overall, residents felt that Queen of Peace Nursing Home was a nice place to live and that they had a good quality of life in the centre. On the day of the inspection, there was a friendly and welcoming atmosphere in the centre and staff were observed to be helpful and respectful towards residents.

On arrival to the centre, the inspectors were guided through the infection prevention and control measures necessary on entering the building. Staff ensured that hand hygiene and temperature and symptom checks for COVID-19 were carried out.

Following an introductory meeting with the person in charge, the inspectors conducted a walk around the centre. The centre was warm, bright and decorated in a comfortable and homely manner. Some residents were seated in communal areas and staff were observed attending to the personal care of other residents as they got ready for the day. Residents were smartly dressed and appeared relaxed as they spent time socialising with one another or mobilising around the centre. Residents' bedrooms contained adequate storage for their belongings and were personalised with items such as photos and ornaments.

Residents were observed participating in various activities during the inspection. For example, two residents were playing card games, while others participated in a book club, reminiscence therapy, music and dancing at different periods throughout the inspection. Residents seemed to enjoy these activities and staff helped encourage residents to participate in the various activities. Residents' hobbies were also promoted, with residents spending time in the centre's garden and tending to plants.

Residents were complimentary about the centre's staff and the care that is provided to them. Many residents expressed their satisfaction with the service in general, with a number of residents praising staff. One resident told inspectors that "they have never wanted for anything" as staff would "do everything for them", while other residents said that they were "very happy" in the centre.

Residents also spoke positively about the food, stating that catering staff serve food that they enjoy. Outside of mealtimes, inspectors observed residents being offered and served snacks and hot and cold drinks throughout the day.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). At this inspection, the inspectors also assessed progress with the compliance plan from the previous inspection in July 2021. Upon review of this compliance plan, the inspectors found that all of these actions had been addressed.

Queen of Peace Nursing Home Limited is the registered provider of the centre. A director of the company represents the registered provider and works full-time in the centre. The person in charge commenced their role in late 2021 and also works full-time in the centre. They are supported in their role by a clinical nurse manager (CNM), staff nurses and healthcare assistants as well as activity, catering, domestic, administrative and maintenance staff.

There was a clearly defined management structure in place that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision. Robust management systems were in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. There were regular management meetings and audits of care provision and quality assurance initiatives. For example, a weekly report was compiled for review by the management team which contained information on key clinical risks as well as staff training, health and safety, visiting arrangements and resident meetings. Regular audits were carried out which included activities, infection prevention and control, call bell responses, restrictive practices and end of life care.

An annual review had been completed for 2021 and included an overview of incidents, complaints, audits completed and a training needs analysis for staff. The provider had collated results from residents and relatives' surveys, which demonstrated high levels of satisfaction with care, cleanliness, residents' rights, communication and visiting arrangements. A quality improvement plan for quarter one of 2022 was also set out.

Staff informed inspectors that training was available to them in relation to areas such as fire safety and the safeguarding of residents. This was reflected in the training matrix, which indicated that all staff had up to date training in areas that were required, as well as other topics that supported them to provide quality care to residents.

A sample of staff records identified that the requirements of Schedule 2 of the regulations were met. Each staff had completed An Garda Síochána (police) vetting prior to joining the service, and registered nurses held an active registration with the Nursing and Midwifery Board of Ireland (NMBI).

## Regulation 14: Persons in charge

A new person in charge had commenced in the role since the previous inspection in July 2021. This person was a registered nurse and worked full-time in the centre. They had the experience and qualifications to meet the requirements of the regulations.

Judgment: Compliant

## Regulation 15: Staffing

There were sufficient staff on duty with the appropriate knowledge and skills to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

## Regulation 16: Training and staff development

All staff had attended the required mandatory training to enable them to care for residents safely. This included training in areas such as fire safety, infection prevention and control and moving and handling practices.

Judgment: Compliant

## Regulation 23: Governance and management

There were systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

While there was a management team in place, the assistant director of nursing role had remained vacant since the end of 2021. The person representing the provider stated that recruitment had not been carried out for this role as they were considering amending the management structure in the designated centre. The provider was advised by inspectors that the staffing resources or management structure did not reflect those set out in the Statement of Purpose, and therefore must act accordingly to resolve this.

There was a programme of auditing in place which assessed the quality of clinical

and operational aspects of the service.

An annual review of the service for 2021 was available for review.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of contracts of care. The terms and conditions of each resident's accommodation and the fees to be charged were clearly stated. While each contract contained the bedroom occupancy for the relevant resident, the contracts did not include the specific bedroom number, as required by the regulations.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

Policies required by Schedule 5 of the regulations were available for review and had all been updated within the last 3 years. Documentation indicated that these policies had been made available to staff.

Judgment: Compliant

## Quality and safety

Inspectors found that residents felt safe and were supported and encouraged to have a good quality of life in this centre. Residents reported that they felt the care and support they had received was of good quality. However, the inspectors found that non-compliances in relation to care planning and fire safety required action to ensure best possible outcomes for residents.

Residents' rights were promoted in the centre and residents were encouraged to maximise their independence with support from staff.

While residents had good access to General Practitioner (GP) services and allied health care professionals, inspectors noted that specialist advice in relation to wound care was only being provided to the centre by the tissue viability nurse (TVN) on a 'remote' basis. This meant that reviews of residents' pressure ulcers were only being conducted electronically and the professional offering specialist expertise did not



carry out on-site visits. Records indicated that there was frequent communication between the professional and the centre, despite only occurring on an electronic basis.

Residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected. Regular resident meetings were held to ensure that residents could be consulted with in terms of the centre's operation. Records of these meetings indicated that the most recent meeting had occurred in the week preceding the inspection and that the residents in attendance provided feedback about activities, meals and a number of other topics. Actions were developed in response to feedback where required.

A comprehensive programme of activities were available to residents. The centre had its own accessible bus and had recently recommenced regular outings to areas of interest. Recent excursions that had occurred included shopping and visiting the shrine in Knock. The activities co-ordinator advised that they had planned outings for the coming weeks, in consultation with residents, to a local woollen mill, a museum, a heritage centre and a pet farm. Residents were supported to develop or continue their hobbies. For example, one resident was very involved in the landscaping of the garden area, while a number of residents who enjoyed reading were supported to join a local library. Activities were held in the various sitting rooms of the centre. On the day of the inspection, the activities included poetry, music, reminiscence therapy and dancing. Residents were observed to positively engage in these activities. The activity co-ordinator stated that they had developed a scrap book for each resident, which contained photos and details of some of the activities that the resident enjoyed and could be shared with their families.

The centre provided day care services to a small number of people from the local area. The people attended the centre on the day of the inspection and inspectors observed them socialising with staff and residents in the centre. Residents appeared to enjoy engaging with these members of the local community.

### Regulation 11: Visits

Visits were seen to take place in line with updated visiting guidelines. Visitors were seen attending the centre throughout the inspection and both residents and visitors were satisfied with the arrangements were in place.

Judgment: Compliant

### Regulation 12: Personal possessions

The action in relation to the previous inspection had been addressed. Residents' laundry was now individually labelled to ensure it was returned to the appropriate

individual.

Residents had sufficient space to store and access their personal belongings.

Judgment: Compliant

### Regulation 27: Infection control

The actions from the previous inspection had been addressed. While the centre demonstrated a good level of compliance in relation to infection control at this inspection, inspectors observed a small number of instances of poor practice in relation to staff in relation to the wearing of personal protective equipment (PPE).

Judgment: Compliant

### Regulation 28: Fire precautions

A self-closing device was not in place on one fire door leading to an office, which posed a risk to fire safety due to the electric equipment contained within the room. The provider advised that the device had been recently removed while maintenance work was completed and would be reinstalled in the days following the inspection. The inspectors requested that the provider complete a risk assessment to ensure that the risk was mitigated until the self-closing device was installed.

While fire drills had been completed on a regular basis, the inspectors required further assurances that residents could be safely evacuated in a timely manner. For example, a drill simulating the horizontal evacuation of the centre's largest fire compartment using night duty staffing levels had not been completed with the maximum number of people accommodated in that compartment. A drill was completed following the inspection.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

While some care planning documentation demonstrated comprehensive knowledge of residents' individualised needs and person-centred care, inspectors identified that this was not consistent and other care plans did not provide sufficient up to date information to guide staff. For example, some care plans in relation to wound care, mobility or personal care were generic in nature and did not clearly set out the

interventions required to meet the residents' needs.

Additionally some residents' care documentation included care plans for safeguarding needs and communication needs despite the residents' assessments showing no identified need for these areas of care.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had timely access to medical and allied health care support to meet their needs.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to safeguard residents, and to appropriately investigate any allegations of abuse. The provider was not acting as pension agent for any residents.

Judgment: Compliant

### Regulation 9: Residents' rights

The individual rights of the residents were seen to be well-respected and promoted by staff, particularly in relation to practicing their respective religions. They had access to advocacy services and were frequently consulted in the running of the centre. There was a range of activities available to residents to ensure that all residents had access to enough opportunities to participate in activities in accordance with their interests and capacities.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Queen of Peace Nursing Home OSV-0000379

Inspection ID: MON-0037001

Date of inspection: 09/06/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Regulation 24. Residents’ individual contracts of care has been amended. The contract for the provision of services now indicates the specific bedroom number and if single or double occupancy this was achieved on the 13/06/2022.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Regulation 28. A risk assessment was completed to ensure that the risk was mitigated until the self-closing device was installed, this device that was not in place on the day of inspection was fitted on the 10/06/2022. A check on Self-closing devices is carried out weekly. A fire drill simulating a horizontal evacuation of the center’s largest fire compartment with night staff was completed on the 10/06/2022 and will continue monthly.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual	

assessment and care plan:

Regulation 5. A full review of the assessment and care planning process has been achieved. Moving forward the care plans will be person centered according to individual assessed need, the documented information will be up to date and sufficient to guide staff.

Care plans with no identified need will be discontinued accordingly.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	13/06/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and	Substantially Compliant	Yellow	10/06/2022



	suitable bedding and furnishings.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	10/06/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	14/06/2022