Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Patterson's Nursing Home
Centre ID:	OSV-0000424
Centre address:	Lismackin, Roscrea, Tipperary.
Telephone number:	050 543 130
Email address:	pattersonsnursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Elizabeth Patterson
Provider Nominee:	Elizabeth Patterson
Lead inspector:	Caroline Connelly
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 July 2016 10:20	05 July 2016 18:30
06 July 2016 08:45	06 July 2016 16:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Major
Outcome 17: Residents' clothing and personal property and possessions	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection which took place over two days. The provider applied to renew the registration of the centre which will expire on 27 December 2016. There was a proposed change to the provider since the last inspection and the person in charge now also holds the post of the provider. As part of the inspection the inspector met with the provider/person

in charge, the Clinical Nurse Manager (CNM) who is also the deputy person in charge, residents, nurses and staff members. The inspector observed practices and reviewed all governance, clinical and operational documentation to inform this registration renewal application.

The provider/person in charge and CNM displayed adequate knowledge of the regulatory requirements and they were found to be committed to providing person-centred, evidence-based care for the residents. Many of the actions required from previous inspections relating to the premises were not completely remedied, nonetheless, the inspector viewed some improvements throughout the centre which will be discussed under the relevant outcomes in the report.

A number of completed questionnaires from residents and relatives were received and the inspector spoke with residents during the inspection. The collective feedback from residents was one of satisfaction with the service and care provided. Overall, the inspector found that there was evidence of good care practices in meeting the day-to-day needs of residents. Staff were kind and respectful to residents and demonstrated good knowledge of residents and intervention necessary for those with divergent needs.

The inspector was satisfied that residents had access to the services of a general practitioner (GP) and other healthcare professionals on a regular basis. There was evidence of choice for residents in their day-to-day living with personal preferences accommodated as requested. A regular routine of daily supervised activities was in place and undertaken by a dedicated activity coordinator. Independence of residents was promoted and many were observed mobilising throughout the centre.

The inspector found improvements in a number of key areas since the previous inspection, which had a demonstrable effect on improving residents' quality of life. These included the increased provision of fire drills, fire training and fire equipment checks. There was increased involvement in residents' care planning by residents and relatives. Policies and procedures had been reviewed and updated. However, issues in relation to the premises had not been addressed since the previous registration inspection despite assurances given by the provider that these would be completed. The inspector found that the privacy and dignity of a number of residents were compromised in some of the multi-occupancy bedrooms. The inspector identified the need for individual wardrobe space as in one room three residents were sharing one wardrobe with little or no division of individual residents' clothing. Further improvement was also required in documentation, mealtimes, medication management and provision of an annual review. These areas are detailed in the body of the report, which should be read in conjunction with the action plan at the end of this report. The action plan at the end of the report identifies improvements necessary 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.

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 Statement of Purpose was very recently updated with a change to the provider. It was available to staff and residents. It contained a statement of the designated centre's aims, objectives and ethos of care, and all other information required under Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The inspector found that the statement of purpose accurately described the facilities and services available to residents, and the size and layout of the premises. Residents were provided with the Statement of Purpose on admission and a copy was available for residents and relatives.

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 proposed change to the provider since the last inspection and the person in charge now also holds the post of the provider. For the purpose of clarity in the report the provider/person in charge will be referred to as the person in charge. The person in charge and the staff team displayed adequate knowledge of the regulatory requirements and they were found to be committed to providing person-centred, evidence-based care for the residents.

There was a quality assurance programme in place where some audits were undertaken such as audits of falls, complaints and medication audits. However, the inspector found that there was not a clear system following completion of an audit if corrective action was identified. Responsibility did not appear to be assigned to a staff member and a timeline documented for either completion or review of progress of the actions required. This was evidenced where issues were identified in the medication audit that required corrective action and the inspector found during the inspection that these issues had not been rectified and remained ongoing. The inspector also found that the auditing programme should be further developed to include more clinical areas and documentation management. There was also no system of spot checking or auditing of residents finances by the management team to ensure the system was sufficiently robust to protect residents and staff. The inspector concluded that further development of the audit and quality assurance system was required, to ensure the quality and safety of care and the quality of life for residents was continually evaluated. The inspector also found that there was not an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Residents were consulted with on a daily basis and this was evidenced during both days of inspection. Residents gave positive feedback regarding communication and involvement in their care and welfare and the ease of access to the management team to discuss all issues. The provider did talk to residents individually to elicit their views, however, there were not regular resident meetings to enable residents to express their collective views on the running and organisation of the centre. This will be discussed further under Outcome 16.

Judgment:
Non Compliant - Moderate

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 inspector saw that contracts of care were securely maintained in the centre. The contracts detailed services to be provided, fees to be charged as well as additional fees. Samples of contracts of care for residents were examined by the inspector and were seen to be signed and dated by either the resident or their next of kin in line with best practice. The contracts detailed services to be provided, fees to be charged as well items that incurred additional fees. However, although the contracts outlined what services incurred additional fees, it was difficult to establish from the contract what the charge was for these additional fees. The person in charge said she discusses this fully with the resident and families when signing the contract but this also needs to be clearly documented on the contract.

There was a detailed residents' guide in place which included all the information required in the Regulations. Each resident received a copy of the guide on admission and there was copies available in the centre.

Judgment:
Substantially Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
As described earlier in the report, the post of person in charge and provider was suitably filled by the one person. The person in charge is a registered nurse with extensive managerial experience who has been in charge of the centre since it opened 24 years ago. The person in charge demonstrated adequate knowledge of her statutory and legislative requirements. She displayed sound clinical knowledge and demonstrated excellent knowledge of residents' needs.

The person in charge was engaged in the governance and the operational management and administration of the centre on a regular and consistent basis and this was confirmed by residents and staff.

Residents and staff were able to identify her as the person in charge and staff told inspectors that she was a very approachable and supportive manager.

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

Findings:
On the previous inspection the inspector found that staff files examined did not have the requirements as set out in Schedule 2 of the Regulations. On this inspection, the inspector reviewed a sample of four staff files and found that they generally contained all information required under Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

On the previous inspection, many of the policies and procedures were out of date. On this inspection the inspector found that the designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. The policies had all been updated and implemented in August 2015. The directory of residents in the centre was viewed by the inspector and found to contain the information required by Schedule 3 of the Regulations for all residents.

The centre was adequately insured against accident or injury and insurance cover complied with the all the requirements of the Regulations.

Overall, the inspector found that the records reviewed were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Records were seen to be store securely in the locked nurses' office.

Judgment:
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:
There had been no instances whereby the person in charge was absent for 28 days or more and the person in charge was aware of the responsibility to notify HIQA of any absence or proposed absence.

There were suitable arrangements in place should the person in charge be absent. The clinical nurse manager (CNM) was appointed to deputise for the person in charge in her absence. She was a nurse with relevant experience in nursing the older adult. She was engaged in the governance of the centre on a regular basis and demonstrated a commitment to her continuing professional development. She was an approved trainer who also providing training for staff in the centre. Staff were able to identify her as a person participating in the management of the centre.

Senior nurses were also part of the staff complement to support the person in charge and CNM and take charge of the centre in the absence of the management team.

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:
The inspector found that there were measures in place to protect residents from suffering harm or abuse. Staff interviewed by the inspector demonstrated a good understanding of safeguarding and elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The inspector saw that safeguarding training was ongoing and training records

confirmed that staff had received this mandatory training. Although some staff were overdue refresher training, records confirmed this training was booked for 14 July 2016. This training was supported by a policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise.

The centre maintained day to day expenses for a number of residents and the inspector saw evidence that complete financial records were maintained. The inspector reviewed the systems in place to safeguard residents' finances which included a review of a sample of records of monies handed in for safekeeping. Money was kept in a locked area in the nurses administration office. Monies were stored in envelopes with the name of the resident. All lodgements and withdrawals were documented in a duplicate book and were signed for by two staff members. However, although this met the requirements of legislation there was no rolling balance maintained and it was difficult to ascertain from the book what the resident's current balance was. There was no system of spot checking or auditing of residents' finances by the management team to ensure the system was sufficiently robust to protect residents or staff and the action for same is covered under Outcome 2 Governance and management.

There was a policy on responsive behaviour and staff were provided with training in the centre on behaviours that challenge which was confirmed by staff and training records. The CNM provided this training to all staff. There was evidence that residents who presented with responsive behaviour were reviewed by their GP and referred to psychiatry of old age or other professionals for full review and follow up as required. The inspector saw evidence of positive behavioural strategies and practices implemented to prevent responsive behaviours. The records of residents who presented with responsive behaviours were reviewed by the inspector who found that these were managed in a very dignified and person-centred way by the staff using effective de-escalation methods as outlined in residents' care plans.

There was a policy on restraint which was updated since the last inspection. There was evidence that the use of restraint was in line with national policy. Where bedrails were required for a resident, the inspector saw evidence that there was a comprehensive assessment completed. Consent was obtained from residents for the use of restraint and there was evidence of regular checking of residents. There were 12 residents using bedrails at the time of the inspection and the person in charge said they were looking to try to reduce the use of bedrails.

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):

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

Findings:
The fire policies and procedures were centre-specific. The fire safety plan was viewed by the inspector and found to be very comprehensive. There were notices for residents and staff on "what to do in the case of a fire" throughout the building and maps demonstrating fire zones. The inspector viewed records which showed that fire training was provided to staff in August 2015. There was evidence of a contract in place for the maintenance of fire safety equipment and certificates and stickers on a sample of fire safety equipment viewed by inspector indicated that maintenance was most recently carried out in September 2015. Certification was available to show that the fire alarm system was last checked in April 2016 and is checked quarterly. Emergency lighting is checked monthly and was last checked by the electricians in the last number of weeks and certification prior to that was January 2016. Staff interviewed demonstrated an appropriate knowledge and understanding of what to do in the event of fire and that fire drills were being held on a regular basis - the last fire drill was undertaken in May 2016. There was a fire safety register maintained with records of checks verifying that means of escape were free from obstruction these were completed on a daily and weekly basis as scheduled. Emergency exits were seen to be free of obstruction on the days of inspection.

There was a resident smoking area in the external enclosed garden, the inspector saw that adequate precautions were in place in that smoking aprons were in place, a fire blanket was hung up close to the smoking area and there was a fire extinguisher just inside the door of the centre. Residents who smoked had risk assessments completed on their ability to smoke unaided and supervision was in place when they are smoking.

There was a centre-specific health and safety statement in place dated August 2015. There was also a risk management strategy and a register of risks, detailing the precautions in place to control them. Arrangements were in place for investigating and learning from serious/adverse events involving residents. The risk management policy had been updated in August 2015 and included all the measures and controls in place specific risks which met the requirements of legislation.

Accidents and incidents were recorded on incident forms and were submitted to the person in charge and there was evidence of action in response to individual incidents. There were reasonable measures in place to prevent accidents such as safe floor covering, grab-rails in toilets and handrails on corridors.

There was a centre-specific emergency plan that took into account all emergency situations and where residents could be relocated to in the event of being unable to return to the centre. Clinical risk assessments were undertaken, including falls risk assessment, assessments for dependency and assessments for pressure ulcer formation. The provider has contracts in place for the regular servicing of all equipment and the inspector viewed records of equipment serviced.

The environment was observed to be clean and personal protective equipment, such as gloves, aprons and hand sanitizers were located throughout the premises. All hand-washing facilities had liquid soap and paper towels available. There were policies in

place on infection prevention and control and staff that were interviewed demonstrated knowledge of the correct procedures to be followed. Hand hygiene training was ongoing and staff demonstrated good hand hygiene practice as observed by the inspector.

The inspector viewed training records which indicated staff had been trained in the safe moving and handling of residents and this training was in date. Catering staff were due to update their manual handling training which the inspector saw was booked for 27 July 2016. Close circuit television (CCTV) was positioned in the grounds only helping to maintain the safety of the residents. It did not impinge on the privacy and dignity of residents and appropriate signage was in place.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
There was a centre-specific, up-to-date medication management policy detailing procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. Nursing staff with whom the inspector spoke demonstrated some good practice regarding administration of medicines with the exception of the pre-preparation of some medications in advance of the administration process which is not in line with best practice guidelines and could lead to errors. This process was discontinued once highlighted by the inspector; however, a similar issue had been identified at the previous inspection and the staff need to ensure the continued discontinuation of the practice. Photographic identification was in place for all residents as part of their prescription/drug administration record chart. Controlled drugs were maintained in line with best practice professional guidelines and they were checked and counted at the beginning of each shift. The inspector saw evidence of this checking process and the count undertaken by the inspector was found to tally with records in the centre. The medication trolley was securely maintained and a nurses' signature sheet was in place as described in professional guidelines.

Medications were delivered in monitored dosage units and these were checked by nursing staff to verify that what was delivered corresponded with prescription records. Inspectors reviewed prescription and administration records. The person in charge and staff reported to the inspector that the pharmacist is easily accessible regarding advice relating to drug interactions, dosages, crushing of medicines and possible alternatives in prescriptions and regularly liaised with the relevant general practitioners (GPs) regarding prescriptions. Comprehensive medication management audits were completed on a

regular basis in conjunction with the pharmacist and these were evidenced during inspection. However, there were no action plans put in place by the centre following the medication audits undertaken by the pharmacy and issues identified had not been corrected. An example of this was the audit highlighted that staff were not putting a date on eye drops when opened to ensure they were disposed of after the correct time. The inspector found that this practice had not been rectified and dates were not seen on a number of open eye drops in the medication trolley on the days of this inspection.

The inspector found that not all PRN medications had the maximum dose recorded on the prescription chart. This was an issue raised at the previous inspection. All residents who required their medications to be crushed were prescribed as so by their GP.

There were appropriate procedures for the handling and disposal of unused and out of date medications. There was a medication fridge in the centre and this was locked, kept in a locked room and daily temperatures were recorded. There was a system in place for recording medication errors and near misses.

Judgment:
Non Compliant - Moderate

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:
Notifications received by HIQA were reviewed upon submission and prior to the inspection. Notifiable incidents and quarterly returns submitted to HIQA were timely and comprehensive. The inspector saw that a record was maintained of incidents occurring in the centre and these correlated with residents' care plans. Appropriate interventions were documented and evidenced, to support the notifications.

Judgment:
Compliant

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

needs and circumstances.

Theme:
Effective care and support

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

Findings:
Residents' healthcare needs were met through timely access to their General Practitioner (GP) service and an out of hours service was also available. There was evidence of monthly weight checks and more frequently if the residents' healthcare needs required it. Regular blood pressure and blood glucose monitoring was also undertaken and records confirmed this. There were processes in place to ensure the safe admission, transfer and discharge of residents to and from the centre.

There was evidence of regular nursing assessments using validated tools for issues such as falls risk assessment, dependency level and risk of pressure ulcer formation. These assessments were generally repeated on a four-monthly basis or sooner if the residents' condition had required it. Care plans were developed based on the assessments. The person in charge and staff demonstrated an in-depth knowledge of the residents and their physical, social and psychological needs and this was reflected in the person-centred care plans available for each resident. Nursing notes were completed on a daily basis and there was evidence of residents or their representative's involvement in the discussion, understanding and agreement to their care plan when reviewed or updated. This had been identified as an issue on the previous inspection which was now rectified.

Residents' additional healthcare needs were met. A chiropody service is provided to the residents on a regular basis in the centre. Dietician and speech and language services were accessed via a nutritional company. Physiotherapy services were provided in-house weekly through group exercises and one to one reviews and treatments. The inspector saw evidence of referrals and reviews in residents' notes. The inspector also observed that residents had easy access to other community care based services such as dentists and opticians.

There were very good links with psychiatric services and community services for residents who required these services and assessments and treatment reviews were seen in residents notes.

The inspector was satisfied that facilities were in place so that each resident's wellbeing and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Residents, where possible, were encouraged to keep as independent as possible and inspectors observed residents moving freely around the corridors. Residents and relatives said they were satisfied with the healthcare services provided.

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 centre is a one-storey building catering for 28 residents including residents with dementia. It is set in a rural location on the outskirts of Roscrea town. There are grounds to the front with parking and a small enclosed concreted garden area to the rear of the building. The main entrance leads to a hallway with a small seating area for residents and visitors.

Communal facilities available for residents include a sitting room and dining room and some seating areas on the corridors. The centre also provided a nurses' office, kitchen, sluice room and a staff changing room. Private accommodation comprised of four single bedrooms with en-suite toilet facilities and five twin-bedded rooms, four of which have en-suite toilets. Other shared bedrooms consist of one three-bedded, one six-bedded and one five-bedded rooms. There are three assisted toilet/shower rooms.
The premises were generally homely and comfortable; however, as identified on previous inspections the three multi-occupancy rooms did not meet residents' individual privacy and dignity and collective needs in a comfortable and homely way. On the previous inspection the provider outlined various options he was currently exploring to address this. However, on this inspection the premises remained unchanged and the plans discussed with the inspector had not commenced. The impact on residents' privacy and dignity including the lack of appropriate screening is discussed fully and actioned under Outcome 16 Residents Rights, Dignity and Consultation. Overall, the inspector found that the layout of the rooms did not meet the needs of the residents in that beds were too close together, in one room two beds were only separated by a small bedside locker a resident would not be able to have a chair by their bed or there would be no space for any assistive equipment. Also the layout of the six-bedded room was not suitable in that there was only one entrance to the room and this was through one residents' private bed space.

There was limited wardrobe space for residents which included residents sharing wardrobes and this is discussed and actioned under Outcome 17 Residents Clothing and Personal Property and Possessions.

Some of the residents had personalised their bedrooms with family photographs, pot plants and favourite ornaments.
A high level of cleanliness and hygiene was maintained in the centre. Cleaning staff were working in an unobtrusive manner which did not disturb residents. Cleaning equipment was appropriately stored. The environment was generally well maintained and there were measures in place to control and prevent infection.

Calls bells were provided in all bedrooms and communal areas and there were adequate sluice room facilities available. Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses.
The inspector viewed the servicing and maintenance records for the equipment and found they were up to date. Adequate storage space, which was identified as an action at the previous inspection, was provided.

A safe enclosed garden area was made available to residents. It was well maintained and had suitable garden furniture for residents use. Residents were seen going in and out to this area and confirmed how much they enjoyed it. There was ample car parking to the front and side of the centre.

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:
There was an up-to-date policy relating to the making, handling and investigation of complaints which comprehensively described the procedures to be followed.

The inspector found a complaints process was in place to ensure the complaints of residents, their families or next of kin including those with dementia were listened to and acted upon. The process included an appeals procedure. The complaints procedure which was prominently displayed in the main entrance, met the regulatory requirements. Residents and relatives all said that they had easy access to the person in charge who was identified as the named complaints officer to whom they could openly report any concerns and were assured issues would be dealt with. The person in charge stated that she monitored complaints or any issues raised by being readily available and regularly speaking to residents, visitors and staff. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded.

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:
The inspectors viewed the end of life policy which had been reviewed and was found to be comprehensive. The inspector observed that the policy guided staff in assessing a resident's needs should their health deteriorate rapidly including regular review by the general practitioner (GP). The community palliative care team offers guidance as required in respect of appropriate management of illness. There was evidence in resident's records of involvement of the palliative care team with referral and reviews seen by the inspector in a resident's file.

Staff who spoke to the inspector demonstrated knowledge of how to provide appropriate end of life care. Nursing staff had undertaken post registration training in end of life care.
There was evidence in residents' medical notes of regular medical and medication reviews by the GPs with visits increasing towards end of life as required. The local palliative care team provided support and advice. The person in charge confirmed the palliative care team will attend the centre outside of core hours if required.

Care practices and facilities in place were seen by the inspector to ensure residents received end-of-life care in a way that met their individual needs and wishes and respected their dignity and autonomy. However, as discussed under Outcome 12 Premises the multi-occupancy rooms did not always facilitate privacy and dignity for residents and therefore privacy for residents at end stage of life was difficult to provide fully in some of the multi-occupancy rooms.
Individual religious and cultural practices were facilitated. Mass was held in the centre on a weekly basis and residents were visited by ministers from other religious denominations as required.

End of life plans seen by the inspector were person-centred and detailed residents needs and wishes.

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:
There was an up to date policy on food and nutrition which was found to be comprehensive. The inspector observed that food and hydration needs were assessed on admission using the malnutrition universal screening tool (MUST). The inspector observed mealtimes including breakfast, mid-morning refreshments, afternoon refreshments, lunch and teatime. Although the dining room was spacious, the majority of residents dined at small tables in the sitting room where they sat for most of the day. The inspector saw that only three residents dined in the dining room and a small number of residents dined in their bedrooms. The person in charge told the inspector that residents liked to dine at these individual small tables, the inspector recommended that residents made more use of the dining room provided. For the residents who did have their meals in the dining room the inspector observed that the tables were not set and residents were served their meals on trays on the dining tables and the trays were not removed to provide a more conducive dining experience.

Residents were offered a varied, nutritious diet. The menu cycle made allowances for the preferences of individual residents, including those on special diets and provided for those who required a modified consistency diet. Residents expressed satisfaction with the food. Assistance was offered in a discreet and respectful manner for residents who required same. There were staff available to assist with meals and snacks and hot and cold drinks including juices and fresh drinking water were readily available throughout the day.

Residents were weighed monthly and weekly if there were changes to their weight. There was evident that the documentation of a weight loss/gain prompted an intervention once a concern was identified including the commencement of food and fluid charts. Dietary assessments and nutritional care plans were seen in resident's notes.

The inspector saw that the special dietary needs of residents were communicated to the catering staff. The inspector met with the chef who confirmed that she received an update of the current status of the residents pertinent to their nutrition. Catering staff had in-depth knowledge of residents' likes and dislikes. The chef stated that if a resident did not like what was on the menu, an alternative was available. The inspector visited the kitchen and noticed that it was well organised and had a supply of fresh and frozen

food which was stored appropriately. Fresh deliveries of food stock were received numerous times during the week.

Judgment:
Substantially 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:
Feedback from questionnaires distributed prior to the inspection, and interviews with residents during the inspection, confirmed that residents and relatives were generally happy with the facilities and staff in the centre.

Residents were facilitated to exercise their civil, political and religious rights including the rights of residents to participate in the election process. Residents were kept informed of local and national events through the availability of newspapers, radio and television. Mass was held in the centre once a week and residents of other denominations were also facilitated to practice their faith.

The centre employed an activities coordinator who engaged residents in daily activities such as bingo, games, chair exercises, music therapy, arts and crafts, bead work and massage therapy. Residents chose whether or not to participate, and those who did seemed to enjoy the experience and lively interaction was seen to take place. Residents were seen by the inspector to enjoy sitting out in the outdoor area at various times throughout the inspection.

Local community singers/musicians and choirs were invited to the centre on a regular basis and residents confirmed their enjoyment of same. Visiting was encouraged outside of mealtimes and space was available for residents to receive visitors in private. Feedback from relatives via the staff survey said they were always made welcome in the centre.

Residents were consulted with on a daily basis and this was evidenced during both days of inspection and issues discussed were documented. Residents gave positive feedback regarding communication and involvement in their care and welfare and the ease of

access to the management team to discuss all issues. However, there were not regular resident meetings to enable residents to express their collective views on the running and organisation of the centre.

Staff generally treated residents with respect and spoke to residents in a dignified and person-centred away. However, the inspector found that the privacy and dignity of a number of residents in the centre was significantly compromised by the layout of the beds in the multi-occupancy bedrooms. The inspector viewed one six bedded bedroom which was made up of a twin-room part and a four-bedded part which were separated by the presence of a sliding, material-based screen. The only entrance to this room was at the end of one of the beds in the twin part of the room. This meant that all residents, relatives and staff entering and exiting this room had to go through this residents bed space at the side of the resident's bed. The resident's privacy and dignity was further compromised by screening that did not fully encompass her bed space. This area was found by the inspector to be unsuitable as a bed space as it was a passage to the hallway. There was no active plan in place by the person in charge to address this matter at the time of the inspection. In the three-bedded room, the inspector saw that there was only the space of a small locker separating two bed areas which did not provide adequate space for either resident to undertake any activities in private. These issues were discussed with the management team throughout the inspection and the serious implications for the protection of residents' privacy and dignity.

The screens around some of the beds in other shared bedrooms also did not fully encircle the beds therefore did not protect the privacy and dignity of the residents. This was discussed with the provider on the previous inspection who stated that this would be addressed but it remained non-compliant on this inspection.

Judgment:
Non Compliant - Major

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:
There was a policy on residents' personal property and possessions and completed residents' property lists were seen to be completed in residents' notes. Locked storage space was provided for residents to store valuables as required. Storage space was provided in residents' bedrooms for their clothing and belongings. However, the

inspector noted that in some of the shared and multi-occupancy bedrooms, residents shared wardrobes. In one room three residents were sharing one wardrobe with little or no division of individual residents' clothing. This practice was seen in other rooms where two residents shared wardrobes which were not beside their bed space.

All laundry including residents' laundry was outsourced. Residents' clothing was labelled by staff and the residents' family to prevent clothing becoming mislaid. However, there were complaints in the complaints book of laundry going missing and of residents wearing other residents' clothing. The inspector concluded that the sharing of wardrobes contributed to clothing being mislaid and inappropriately allocated to other residents.

Judgment:
Non Compliant - Moderate

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

Findings:
Residents spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. Staff demonstrated an understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents. There was evidence of good communication amongst staff with staff attending handover meetings. The inspector viewed minutes of regular staff meetings and noted that relevant issues were discussed.

The staff available reflected the regular duty rota. Residents confirmed to the inspector that staff members were available to meet their needs. The actual and proposed staff rosters were reviewed by the inspector and confirmed staffing levels on the day of the inspection were aligned with day-to-day staffing levels.

Staff were encouraged to maintain their continued professional development. Mandatory training as required by legislation was generally up to date for staff. The records showed

that a range of training had been provided since the previous inspection and this included medication management, infection control, moving and handling, safeguarding, fire safety, Staff members told the inspector that they were supported to attend any relevant training. A system of annual staff appraisals was also in place and the inspector saw evidence of this on the staff files.

There was a policy for the recruitment, selection and vetting of staff and the person in charge and staff confirmed that there was very little turnover of staff and most staff had worked in the centre for numerous years. The inspector viewed evidence that staff were generally recruited, selected and Garda vetted in accordance with good recruitment practice and in line with the requirements of Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.The inspector viewed a sample of staff files which were generally compliant with schedule two with the exception of evidence of Garda Síochána vetting for one staff member as outlined in Outcome 5 Documentation.

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:

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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Patterson's Nursing Home
Centre ID:	OSV-0000424
Date of inspection:	05/07/2016
Date of response:	13/09/2016

Requirements

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

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

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector found that further development of the auditing system was required to ensure the quality and safety of care and the quality of life for residents was continually evaluated to determine outcomes for residents regarding the effectiveness of care and support received.

1. Action Required:

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

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 monitored.

Please state the actions you have taken or are planning to take:
Auditing systems to be further developed to include more clinical areas and documentation management. Auditing to take place on a more regular basis and ensure corrective actions identified are carried through and completed.

Proposed Timescale: 31/10/2016

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector found that there was not an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

2. Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:
It is envisaged going forward to use the HIQA published "Annual Review Report – Template" associated with Regulation 23(d) on an annual basis. The 2016 Annual Review to be completed ASAP.

Proposed Timescale: 30/09/2016

Outcome 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Although the contracts outlined what services incurred additional fees, it was difficult to establish from the contract what the charge was for these additional fees.

3. Action Required:
Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to

avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement.

Please state the actions you have taken or are planning to take:
Update the Contract of Care to include details of any other service which the resident may choose to avail of but is not included in the Nursing Home Support Scheme or is which is not entitled to under any other health entitlement.

Proposed Timescale: 31/10/2016

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspector found that not all PRN medications had the maximum dose recorded on the prescription chart. This was an issue raised at the previous inspection.

There were no action plans put in place by the centre following the medication audits undertaken by the pharmacy and issues identified had not been corrected. An example of this was the audit highlighted that staff were not putting a date on eye drops when opened to ensure they were disposed of after the correct time. The inspector found that this practice had not been rectified and dates were not seen on a number of open eye drops in the medication trolley on the days of this inspection.

There was a practice of some pre-preparation of medications taking place in the centre which was not in line with best practice guidelines.

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

Please state the actions you have taken or are planning to take:
Going forward we will make sure of the following:

That the GP when prescribing PRN medications that he prescribes the maximum dosage and records same on Kardex & prescription.

Make sure action plans are put in place after medication audits and a corrective action plan will be put in place to make sure issues like putting the dates on eye drops once open will not happen again.

Make sure best practice guidelines are adhered to when the pre-preparation of medications is taking place

Proposed Timescale: 13/09/2016

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:
The layout of the multi-occupancy rooms did not meet the needs of the residents.

5. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
3 Bedded Multi-Occupancy Room

• Layout of beds, curtain screens, lockers, wardrobes, etc. in this room to be changed around to ensure that the resident's privacy & dignity needs are catered for.

6 Bedded Multi-Occupancy Room

• Relocation of door entering this room

• Layout of beds, curtain screens, lockers, wardrobes, etc. in this room to be changed around to ensure that the resident's privacy & dignity needs are catered for.

Proposed Timescale: 30/11/2016

Outcome 15: Food and Nutrition

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was not evidence that residents had choice as to where they had their meals.

6. Action Required:
Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

Please state the actions you have taken or are planning to take:
Residents are given a choice to where they have their meals but it is not recorded make

sure it is recorded going forward.

Proposed Timescale: 13/09/2016

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:
The positioning of beds in two of the multi-occupancy bedrooms did not ensure the privacy and dignity of the residents

The screens around some of the beds in the shared bedrooms did not fully encircle the beds therefore did not protect the privacy and dignity of the residents.

7. 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:
Make sure all beds in shared bedrooms are fully encircled with curtain screens

Relocation of beds as mention above in Outcome 12 to take place

Proposed Timescale: 30/11/2016

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were not regular resident meetings to enable residents to express their collective views on the running and organisation of the centre.

8. Action Required:
Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

Please state the actions you have taken or are planning to take:
Person In Charge does have regular meetings with residents on an individual basis and records same but going forward we will make sure group resident meetings take place regularly with the residents who wish to partake in same. A group resident meeting had taken place shortly before the inspection but we will now make sure they happen more regularly going forward

Proposed Timescale: 13/09/2016

Outcome 17: Residents' clothing and personal property and possessions

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspector found that in some of the shared and multi-occupancy bedrooms, residents shared wardrobes. In one room three residents were sharing one wardrobe with little or no division of individual residents' clothing. This practice was seen in other rooms where two residents shared wardrobes which were not beside their bed space.

9. Action Required:
Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

Please state the actions you have taken or are planning to take:
Make sure that all residents have their own individual wardrobe space

Proposed Timescale: 30/11/2016