# Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Phelim’s Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000395</td>
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<tr>
<td>Centre address:</td>
<td>Dromahair, Leitrim.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>071 916 4966</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:stphelims@hotmail.com">stphelims@hotmail.com</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Flanagan’s Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Mary Flanagan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>PJ Wynne</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>64</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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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.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
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 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 1 day(s).

The inspection took place over the following dates and times
From: 11 September 2017 09:15  To: 11 September 2017 18:00

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

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<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
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<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
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<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Major</td>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
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Summary of findings from this inspection
This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

The registered provider also fulfills the role of the person in charge. Accountability for the residential service is clearly defined. There are clear lines of responsibility at individual and team level.

There were sufficient numbers of suitably qualified staff on each work shift. The staff had relevant skills, experience and appropriate training and support to ensure they were able to meet the needs of the residents. During conversations with the inspector residents confirmed that they were well looked after, the care was good.
and they felt safe. Questionnaires completed by relatives and residents confirmed they were satisfied with the service provided.

Residents were receiving responsive healthcare that met their assessed needs. Care plans were person centred, clear and provided clear instruction to the staff supporting each resident. There was a variety of activities and pastimes available that were based on the interests of the residents.

The premises, fittings and equipment were clean. However, the design and layout of the centre did not meet all residents’ individual and collective needs in a comfortable and homely way. The use of multi-occupancy bedrooms where five and four residents are accommodated and one of the triple occupancy bedrooms due to its size do not fully ensure and promote privacy and dignity. There was limited personal space in multi-occupancy bedrooms to reflect a lifestyle consistent with their previous routines. There was an insufficient number of shower facilities to meet the needs of the number of residents who did not have en-suite bathroom facilities. Action to meet the requirements of Schedule 6 of the regulations was underway. The provider has commenced the construction of an extension to the centre which is currently in progress and phase one expected to be completed mid-2018. The extension is phase one of the three phase project to address the design and layout issues and ensure the service is suitable for its stated purpose.

There was a good choice of options at each mealtime. Access to a dietician and a speech and language therapist was available to obtain specialist advice to guide care practice and help maximize residents maintain a safe, healthy nutritional status.

The action plan at the end of this report identifies the areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National 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 Standards for Residential Care Settings for Older People in Ireland.

### Outcome 01: Statement of Purpose

**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 set out the services and facilities provided in the designated centre. However it did not contain all matters as required by Schedule 1 of the regulations.  
The names of those notified as participating in management and the arrangement to deputise in the absence of the person in charge were not stated.  
A description (either in narrative form or a floor plan) of the rooms in the designated centre including their size and primary function was not included. The size of communal areas, bathroom and en-suites were omitted.  
The staffing complement in whole time equivalents did not include details of the activity coordinator.  
Clarification on any separate facilitates for day care was also required.

**Judgment:**  
Substantially Compliant

### Outcome 02: Governance and Management

**Theme:**  
Governance, Leadership and Management

**Outcome 02: Governance and Management**  
The quality of care and experience of the residents are monitored and developed on an on-going basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**  
Governance, Leadership and Management
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The provider has ensured sufficient resources to ensure the delivery of care in accordance with the statement of purpose. Accountability for the residential service is clearly defined. There are clear lines of responsibility at individual and team level. All staff working in the service are aware of their responsibilities and to whom they report.

The provider is involved in the governance, operational management and administration of the centre on a consistent basis. The management team have a visible presence at all levels throughout the centre. The provider works full-time in the centre.

The registered provider also fulfils the role of the person in charge. She is a qualified nurse and has engaged in continuous professional development. She has good clinical experience and management skills. She routinely attends training to implement current evidenced based best practice in care of the older person.

During the inspection the provider demonstrated good knowledge of the legislation and of her statutory responsibilities. Records confirmed that she was committed to her own professional development. During 2016 she completed a master’s degree in leadership in healthcare settings. She has completed post graduate courses in wound management and infection control.

There are systems in place to ensure the service is monitored, safe and provides a consistently high quality of care to all residents. Accurate, clear records were maintained to support effective decision making. The inspection evidenced residents have timely referral to healthcare services including specialist services, psycho-geriatric services and timely access to GP’s.

There were a range of systems in place to monitor care practice and ensure that safe and effective care was provided. These included carrying out regular audits, regular meetings with the different staff teams, quality meetings and seeking feedback from residents and relatives.

An audit schedule was in place for 2017. The purpose and objective of each audit outlined the aim or goal of the audits, included a methodology and described the standard measured against. This was an area identified for improvement in the action plan of the previous inspection.

Audits were completed to review any accident or incident. Falls were reviewed to identify repeat falls, the location and time to assist in correlating events to allow for trends to be easily identified and ensure learning for all staff.

Nutritional audits were completed. Actions were identified in relation to any unintentional weight loss or gain to ensure individual outcomes for residents.

A register was maintained to identify the individual usage of psychotropic’s, anti anxiety and pain relief medicines and night sedatives. Nursing staff and the management team
in conversation outlined the need and clarified the therapeutic benefit of administration. This was reviewed by the GP routinely.

A comprehensive audit of the use of bedrails was undertaken since the last visit. The percentage of residents with a raised bedrails has decreased by 30% since the last inspection. There has been significant investment in the purchasing of additional low-low beds over the past year. At the time of this inspection 14 residents had bedrails raised as an enabler and one as a restraint measure in the best interest of the resident's safety.

An annual report on the quality and safety of care was compiled. The report included feedback from residents and relative of the service. It set out the centre's performance for the previous year and plan for the following year.

**Judgment:**
Compliant

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**Outcome 03: Information for residents**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The contracts of care have been revised for all residents since the last inspection. The contracts of care now specify for residents whether the bedroom to be occupied is single, twin or multi-occupancy.

In the sample of file reviewed each resident accommodated had an agreed written contract. The contract included details of the services to be provided and the fees payable by the residents.

Expenses not covered by the overall fee and incurred by residents were identified in an appendix attached to the contract.

**Judgment:**
Compliant

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**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*
Theme: Governance, Leadership and Management

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

Findings:
The person in charge fulfils the criteria required by the regulations in terms of qualifications and experience.

The person in charge is a registered nurse and holds a full-time post. She had good knowledge of residents care needs. She could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

Relatives and residents highlighted the positive interactions and support provided by the entire team in questionnaires submitted to HIQA.

The person in charge has maintained her professional development and attended mandatory training required by the regulations.

There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge.

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):
No actions were required from the previous inspection.

Findings:
Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were stored maintained in a secure manner.

Samples of records were reviewed by the inspector. These included records relating to fire safety, staff recruitment and residents' care. Records required by the regulations viewed included:

The centre's insurance which covered against accidents or injury to residents, staff and visitors.
The directory of residents included the facility to record all information specified in Schedule 3. The details of the most recent transfer of a resident to hospital and death were updated in the directory.
Staff employed at the centre, including the current registration details of nursing staff, staff training and roster.
Records of visitors to the centre.
The complaints procedure was displayed inside main entrance for visitors to view and provided guidance on how to raise an issue of concern.
The certificate of registration was displayed prominently.

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:
There were effective and up to date safeguarding policies and procedures in place. The national policy on safeguarding vulnerable persons at risk of abuse was adopted and available to guide practice.

The person in charge is a dedicated safeguarding officer who completed Health Service Executive (HSE) safeguarding training in accordance with the national policy and is certified to deliver this training to staff. There was evidence of an on-going program of refresher training in safeguarding taking place. Staff had received safeguarding training on identifying and responding to adult protection issues. The person in charge and staff spoken to displayed sufficient knowledge of the policy and were clear on reporting
procedures required.

Risks to individuals were managed to ensure residents had their freedom supported and respected. Consent was obtained from residents and their wishes respected. There were sufficient numbers of suitably qualified staff on each work shift to promote residents’ independence.

During conversations with the inspector residents confirmed that they were well looked after, the care was good and they felt safe. Questionnaires completed by residents confirmed they were happy.

There is a policy on the management of responsive behaviour. Staff spoken with were familiar with resident’s behaviours. A number of residents were discharged from the care of the psychiatry team to their general practitioner (GP). Psychotropic medications were monitored by the prescribing clinician and usage and effectiveness audited by the person in charge regularly to ensure optimum therapeutic values. Nursing staff in conversation outlined the need. There was good access to the psychiatry of later life team. The community mental health nurse from the team visited the centre to review residents

Staff could describe particular residents’ daily routines very well to the inspector. Staff had received training in responsive behaviours, which included caring for older people with cognitive impairment or dementia. A member of staff had completed a three day course in dementia care and was a dementia champion to support other staff and raise awareness in relation to dementia care.

The provider was not an agent to manage pensions on behalf of any residents. Up to date inventories of residents’ personal property and clothing were maintained.

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 action plans in relation to health, safety and risk management arising from the last inspection were satisfactorily addressed. Self-closing devices on bedroom doors were adjusted to reduce the speed at which they closed to minimise the risk of injury on entering or exiting. Additional grab-rails have been provided in shower areas. A post
incident review procedure was developed and in place. In the immediate aftermath of a fall reviews to identify any contributing factors for example, suspected infection or the impact of changes from medication were undertaken. All residents were reviewed by the GP and physiotherapist.

There was a centre-specific health and safety statement in place which was updated in January 2017. There is an emergency response plan outlining the procedure to follow in events such as a fire, gas leak or infection outbreak.

Construction works were on-going at the centre. A separate site entrance was provided and the construction site was secured and separate from the centre. There was no impact on residents as the extension is separate from the main building and will be linked to the centre via a link corridor on completion of works.

The risk management policy contained all matters required by regulation 26. Clinical risks specific to individual residents were detailed in their care plans in a document titled safety alert form, these included risks associated with impaired swallow, responsive behaviour and those with poor safety awareness. The hazards and controls to mitigate risk were described. Staff had undertaken training in risk management and topics included environment and clinical risk, and the management and response to falls in care.

The fire policy provided guidance to reflect the size and layout of the building and the evacuation procedures. It has been updated since the last inspection to reflect the centre’s procedures of progressive horizontal evacuation. Personal emergency evacuation plans were developed for residents. Since the last visit they have been collated and outlined collectively in the fire register for ease of reference in the event of an emergency. Each resident’s day and night time evacuation requirements are outlined.

There was an ongoing program of refresher training in fire safety evacuation. Reports were kept on fire drills which noted the fire scenario practised, staff involved, the time taken to complete the drill and learning for future reference. Staff completed regular checks on the fire alarm system, escape routes and door closing mechanism. Certificates were available of fire fighting equipment servicing and testing by external companies.

There were procedures in place for the prevention and control of infection. Audits of the building were completed at intervals to ensure the centre was visibly clean. There were a sufficient number of cleaning staff rostered each day of the week. There was a cleaning system to minimise the risk of cross contamination. Hand gels were located at intervals along the corridors.

A small number of residents smoked. A safety care plan for residents who smoked was completed. It detailed if the resident was safe to smoke independently and outlined the level of assistance and supervision required in a plan of care. No residents held cigarettes or lighters on their person following risk assessment at the time of this inspection.

Falls and incidents were well described. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were
recorded where a resident sustained an un-witnessed fall or a suspected head injury. The system to investigate accidents and ensure learning from adverse events has been improved since the last visit. A system to complete post incident reviews has been developed.

Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents’ needs. Each resident’s moving and handling needs were identified in plans of care, regularly reviewed and changes communicated to staff at shift handover.

Hand testing indicated the temperatures of radiators or dispensing hot water did not pose a risk of burns or scalds. Access to work service areas to include the kitchen, clinic room and sluice room was secured in the interest of safety to residents and visitors.

**Judgment:**
Compliant

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### 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:**
The pharmacist was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland and medication audits were being carried out by the pharmacist in the centre.

There was a policy on the management of medicines which was centre-specific and in line with legislation and guidelines. Systems for the prescribing, receipt, administration, storage and accounting for medicines were satisfactory. Medicines were being stored safely and securely in a room which was locked at all times.

All medicine was dispensed from individual packs. These were delivered to the centre by the pharmacist. On arrival, blister packs from the pharmacist were checked to ensure all prescription orders were correct for each resident.

Photographic identification was available on the medicine chart for each resident to ensure the correct identity of the resident receiving the medicine and reduce the risk of medicine error. The prescription sheets reviewed were legible. The prescription sheets were legible and separately identified the regular medication, (p.r.n) medication (a medicine only taken as the need arises) regular and short-term medicine.
The administration sheets viewed were signed by the nurse following administration of medicine to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medicine was refused on the administration sheet.

There was evidence of general practitioners (GPs) reviewing residents’ medicines on a regular basis.

The system for storing controlled drugs was secure. Controlled drugs were stored safely in a double locked cupboard. Stock levels were recorded at the beginning and end of each shift in a register. The inspector examined a sample of medicines and this corresponded to the register.

**Judgment:**
Compliant

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**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:**
Each resident’s wellbeing and welfare was maintained by a good standard of nursing care and appropriate medical and allied health care. A pre-admission assessment was completed by the person in charge to ensure the care needs of prospective residents can be met.

On admission a comprehensive assessment of needs was completed and this was reassessed periodically. There was a documented assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. Recognised assessment tools were used to evaluate residents’ progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores, continence needs and mood and behaviour. Risk assessments were regularly revised. There was good linkage between risk assessments and care plans developed. There were plans of care in place for all problems being managed.

Arrangements were in place so that each resident’s care plan was kept under formal
review as required by the resident’s changing needs or circumstances. These were reviewed no less frequently than at four-monthly intervals. The development and review of care plans was done in consultation with residents or their representatives. The evaluation of the care plan outlined the professional judgment of the planned care pathway and its effectiveness. There was documentary evidence of consultation with residents and family in relation to care plans. There were care plans in place for all needs identified.

Residents had access to a choice of GP services and there was evidence of medical reviews at least three monthly and more frequently when required. Medical records evidenced residents were seen by a GP within a short time of being admitted to the centre. The GP’s reviewed and reissued each resident’s prescriptions every three months. This was evidenced on reviewing medical files and drug cards.

Residents had timely access to allied health professionals including speech and language therapist, dietician and a chiropodist. The provider has employed a physiotherapist for eight hours each week. The physiotherapist is available to review all residents. There was evidence of seating assessment and specialist advise from the occupational therapist.

Weight loss was closely monitored. Residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly or more often if staff had concerns. Nursing staff told the inspector that that if there was a change in a resident’s weight, nursing staff would reassess the resident, liaise with the GP and send referrals to the dietician. Files reviewed by the inspector confirmed this to be the case. Some residents were prescribed nutritional supplements which were administered as prescribed. Staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and speech and language therapist.

Residents identified at risk of developing pressure ulcers had specific equipment in place to mitigate the risk, such as repositioning regimes, pressure relieving mattresses and cushions to protect skin integrity. There were two residents with minor wounds at the time of this inspection. A plan of care was in place and regularly revised. Wound assessment charts were completed each time the dressing was changed. There was access to a clinical nurse specialist in wound management for complex wounds.

Transfer of information within and between the centre was found to be well maintained. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were retained in files.

There were opportunities for residents to partake in activities. There were is an activity coordinator employed in a full time post. The inspector met with the activity coordinator and reviewed the activity schedule which provided both physical and sensory stimulation.

**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 building was well lit, heated and ventilated, and in a good structural repair. The premises were designed to facilitate residents to independently mobilise. There were no steps, slopes or trip hazards internally or externally, doors to the enclosed garden were open. Corridors were of a good width throughout the building and supported ease of access for those mobilising in wheelchairs. New floor covering has been laid throughout the corridors of the building since the last inspection. Handrails lined all corridors. Additional grab-rails have been fitted to showers in bathrooms and en-suites as required by the action plan of the last inspection. Call bell facilitates were available to residents in the communal sitting rooms.

The premises were laid out as described in the centre’s statement of purpose. There was adequate communal space for residents with separate sitting rooms available and a dining room adjacent to the kitchen. The kitchen was suitable in size and well equipped to meet residents’ catering needs and dietary requirement. There was a sitting room located off the entrance foyer where residents could meet visitors in private if they wished.

There are 12 single bedrooms and nine twin bedrooms. There are six bedrooms accommodating three residents each, of which three are en-suite. There are three bedrooms accommodating four residents of which one is en-suite. There is one en-suite bedroom accommodating five residents.

The layout of single and twin bedrooms were appropriate to the needs of residents. All single and twin bedrooms were clean, bright and had adequate personal storage space, including a lockable unit for each resident.

Five of the triple bedrooms were adequate in size to meet the needs of residents in terms of size and layout. One triple bedroom was inadequate in size. There was minimal space for the use of adaptive equipment to meet the changing needs of residents or to take account of their privacy and dignity. There was minimal space between the bed and curtain screen when closed. The configuration of the beds restricted amount of natural
light when curtains around the beds closest to the window were closed.

Two of the bedrooms accommodating four residents did not have en-suite bathroom facilities. The nearest bathroom was across the corridor from the bedrooms. There was limited personal space in the four bedded multi-occupancy rooms. Similarly the five bedded multi-occupancy room while provided with an easily accessible en-suite had limited private space due to the number of residents accommodated.

There are three bathrooms which are easily accessible for residents. However, there is an insufficient number of shower facilitates to meet the needs of the number of residents who did not have en-suite bathroom facilitates.

All residents had their own individual wardrobes and bedside locker with secure lockable storage. All bedrooms were well decorated and soft furnishings were coordinated with matching curtains and duvets. All parts of the centre were maintained in a very clean condition. Each bedroom in multi-occupancy rooms was provided with curtain around their bed and call bell facilitates to summon help. Call bells were within residents reach. However, the use of multi-occupancy bedrooms where five and four residents are accommodated and one of the triple occupancy bedrooms due to its size did not support communication and the receipt of personal care in a manner that promoted and protected privacy and dignity and assured residents’ comfort. Chairs were not provided by all beds. The ability to view television in some bedrooms when curtains were closed around other beds was restricted. There was some evidence to personalise space around individual beds. However, overall personalisation of each bed space was minimal reflecting the lack of available individual space.

Management made arrangements to facilitate residents’ preferences for accommodation where possible. In these cases it was evident, from discussion with the provider that effort was taken to review circumstances on an individual basis and as residents changing needs required. However, the practical availability of accommodation in less than a three-bedded space for residents on continuing care could not always be provided.

Action to meet the requirements of Schedule 6 of the regulations since the last inspection was underway, when planning permission had been received and the project was at tendering stage. The provider has since commenced the construction of an extension to the centre which is currently in progress and phase one expected to be completed mid-2018. The extension is phase one of the three phase project to address the design and layout issues and ensure the service is suitable for its stated purpose. Currently 20 single en-suite bedrooms are being built, two assisted bathrooms and four wheelchair accessible toilets. Also an open plan living, dining room, a sitting room, treatment room, clinical room and new laundry facilitates.

Judgment:
Non Compliant - Major

**Outcome 14: End of Life Care**
Each resident receives care at the end of his/her life which meets his/her
physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

**Theme:**
Person-centred care and support

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

**Findings:**
Staff provided end-of-life care to residents with the support of their GP and the community palliative care team. The person in charge confirmed they had good access to the palliative care team who provided advice to monitor physical symptoms and ensure appropriate comfort measures. There were no residents under the care of the palliative team at the time of this inspection.

There was good evidence frail residents were receiving good care. Pain relief needs were well managed and interventions described in detail in nursing records. Pain assessment charts were used regularly to assess the effectiveness of pain relief administered.

The action plan in relation to end of life care planning was completed. All residents had an advance care plans to identify personal and spiritual end of life wishes.

**Judgment:**
Compliant

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

**Findings:**
Interactions between staff and residents were friendly, patient and respectful. Examples were seen of staff talking residents through their assistance and personal care, and knocking before entering bedrooms. Staff were observed chatting with residents and knew their background and personalities quite well. Social care assessments were
completed. These were used to develop care plans or personal profiles with details of their life history, their likes and dislikes, interest and hobbies.

Mealtimes were a social occasion and an opportunity to provide a change of environment or promote mobility for residents. During the inspection there was good use of the dining room by residents for all mealtimes. Only a very small number of residents had their meals in their bedroom and this was facilitated at their request. This was an area identified for improvement in the action plan of the last inspection.

There were a number of dementia friendly design features developed since the last inspection. One wall of the dining room has mural to reflect a local café in the village and a mural of the local post office was located at an intersection of the corridor. There were visual cues and pictorial signage to guide residents. New signs have been provided to guide residents to the location of toilets and bathrooms.

There were no restrictive visiting arrangements. Residents met with their visitors in the day sitting room and there was a sitting room where residents could meet visitors in private. Mealtimes were protected for residents. However, with the agreement of the nurses some families visited at mealtimes to assist their relatives as this was their expressed wish. This was facilitated by staff as observed during the inspection. One relative visited daily to assist with meals for their next of kin.

The centre had a dedicated full-time activities coordinator who managed a programme of activities and also organised special events and celebrations. The inspector met with the activity coordinator. There were also one-to-one activities for residents that do not participate in group activities.

Residents had access to advocacy services. There is both a collective and individual forum for residents and their next of kin to raise any concerns they have to the management team.

Care provided was appropriate and person-centred. Signs were placed on doors while personal care was in progress. However, as discussed in Outcome 12, Safe and Suitable Premises the use of multi-occupancy bedrooms where five and four residents are accommodated and one of the triple occupancy bedrooms due to its size does not fully ensure and promote privacy and dignity. There was limited personal space. Each resident’s wardrobe was not in close proximity to their individual bed space. There was an insufficient number of shower facilities to meet the needs of all 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):**
No actions were required from the previous inspection.

**Findings:**
The provider employs a whole-time equivalent of 11.5 registered nurses and 34.5 care assistants. In addition, there is catering, cleaning, laundry and an activity coordinator employed. During the inspection staff were observed to provide care in a calm, respectful and person-centred manner.

There was an adequate complement of nursing and care staff on each work shift. Staff had the required qualities, skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre. The inspector noted that the planned staff rota matched the staffing levels on duty. The supervision arrangements and skill mix of staff was suitable to meet the needs of residents.

There is a regular pattern of rostered care staff on each work shift. There were eleven care assistants rostered throughout the morning until 14.00hrs. There are two nurses rostered throughout the day from 8.00hrs until 22.00hrs supported by the assistant director of nursing and the person in charge. There are between eight and 10 care staff rostered during the afternoon and evening. There was a calm, relaxed atmosphere observed throughout the centre. Staff levels ensured person centred, safe quality care, allowing flexibility and choice for residents in their activities of daily life. The day sitting rooms were supervised at all times.

Staff delivered care in a timely and safe manner. During the inspection, residents were seen to receive attention from staff based on their care requirements, for example, responding to the call bell, and supporting people from the sitting area to the dining room or to their own bedrooms.

There was a policy for the recruitment, selection and vetting of staff. It was reflected in practice. This was evidenced by a review of staff files. Staff confirmed to the inspector they undertook an interview and were requested to submit names of referees. Staff files evidenced supervision arrangements and confirmation of Garda vetting. The person in charge gave verbal assurances that all staff working in the centre had a satisfactory vetting disclosure in place The centre did not employ any external agency staff. There was an annual system of staff appraisals in place.

There was a training matrix available which conveyed that staff had access to on-going education and a range of training was provided. The inspector found that in addition to mandatory training required by the regulations staff had attended training on nutritional
care, cardio pulmonary resuscitation techniques. The person in charge is a qualified trainer in infection control and hand hygiene and had completed training with all staff. All nursing staff were facilitated to engage in continuous professional development and had completed training on the management of medicines. Six nurses had completed training on management principles in healthcare settings.

All nurses employed had confirmation of their registration with the Nursing and Midwifery Board of Ireland for 2017 documented.

**Judgment:**
Compliant

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**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:**

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**Health Information and Quality Authority Regulation Directorate**

**Action Plan**

**Provider’s response to inspection report**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Phelim’s Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000395</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>11/09/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>25/10/2017</td>
</tr>
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</table>

**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 01: Statement of Purpose**

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The statement of purpose did not contain all matters as required by Schedule 1 of the regulations.

**1. Action Required:**
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:
The Statement of Purpose and function has been updated and forwarded to the Inspector.

Proposed Timescale: 25/10/2017

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 use of multi-occupancy bedrooms where five and four residents are accommodated and one of the triple occupancy bedrooms due to its size did not meet residents individual and collective needs. There was limited personal space in multi-occupancy bedrooms.

2. 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:
Under Regulations 17 (2) S.I. of 2016 St. Phelim’s Nursing Home conforms to matters set out in Schedule 6. The construction of an extension is currently in progress. This extension is Phase One of a three Phase project.

The use of multi occupancy rooms will be minimised in the following way.
(1) Reduce 5 bedded rooms to 4 bedded rooms when Phase 1 is completed July 2018
(2) Reduce the one 3 bedded room to a 2 bedded room when Phase 1 is completed July 2018
Reduce 4 bedded room to a 3 bedded room when Phase 2 is completed September 2020

Proposed Timescale: (1) July 2018 (2) September 2020

Proposed Timescale: 30/09/2020

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There is an insufficient number of shower facilitates to meet the needs of the number
of residents who did not have en-suite bathroom facilitates.

3. **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:**
The construction of an extension is currently in progress and phase one will be completed in July 2018. This extension consists of 20 single en-suite bedrooms, assisted bathrooms, four wheelchair accessible toilets.

**Proposed Timescale:** 31/07/2018

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**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 use of multi-occupancy bedrooms where five and four residents are accommodated and one of the triple occupancy bedrooms due to its size does not fully ensure and promote privacy and dignity. There was limited personal space. There was minimal space for the use of adaptive equipment to meet the changing needs of residents to take account of their privacy and dignity. Two of the bedrooms accommodating four residents did not have en-suite bathroom facilitates. The nearest bathroom was across the corridor from the bedrooms. Multi-occupancy bedrooms where five and four residents are accommodated and one of the triple occupancy bedrooms due to its size did not support communication and the receipt of personal care in a manner that promoted and protected privacy and dignity. Each resident's wardrobe was not in close proximity to their individual bed space. Overall personalisation of each bed space was minimal reflecting the lack of available individual space.

**4. 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:**
All Residents are assessed prior to admission. Residents and families are informed of the bedroom they will occupy and the availability of alternatives both at pre-admission stage, admission and on a regular basis to meet the assessed needs of the resident. Residents are informed of the number of other residents occupying the bedroom and this is included in their contact of care. All efforts are made to ensure that the privacy and dignity of Residents are maintained.
The use of multi occupancy rooms will be minimised in the following way.

(1) Reduce 5 bedded rooms to 4 bedded rooms when Phase 1 is completed July 2018
(2) Reduce the one 3 bedded room to a 2 bedded room when Phase 1 is completed July 2018
Reduce 4 bedded room to a 3 bedded room when Phase 2 is completed September 2020

Proposed Timescale: (1) July 2018 (2) September 2020

Proposed Timescale: 30/09/2020