**Centre name:** Shalom Nursing Home  
**Centre ID:** OSV-0000094  
**Centre address:** Presentation Convent, Kilcock, Kildare.  
**Telephone number:** 01 628 7285  
**Email address:** ecarroll@shalomnh.ie  
**Type of centre:** A Nursing Home as per Health (Nursing Homes) Act 1990  
**Registered provider:** Presentation Sisters North East Province  
**Lead inspector:** Sonia McCague  
**Support inspector(s):** None  
**Type of inspection** Unannounced Dementia Care Thematic Inspections  
**Number of residents on the date of inspection:** 30  
**Number of vacancies on the date of inspection:** 3
About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 Monitoring Compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 19 June 2019 10:25  To: 19 June 2019 19:10

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

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Summary of findings from this inspection
As part of the thematic inspection process, providers were invited to attend information seminars given by the Office of the Chief Inspector within the Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers and staff on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge and provider completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The previous table compares the self-assessment and inspector’s judgment for each outcome.

The centre is a residential home for religious sisters only. Lay people are not currently accommodated, this criteria along with other matters listed within schedule 1 needed to be reflected within the statement of purpose.

Residents of the centre can avail of residential, convalescence and respite services provided. The inspector met with residents and staff members and reviewed the care of residents living with dementia or cognitive impairment within the service. Care practices were observed and interactions between staff and residents were rated using a validated observation tool. Documentation such as the statement of purpose, policies, residents care records and plans, medicine and medical records, staff rosters and staff training records were reviewed. Notifications submitted since the last inspection were followed up. There were no areas of non-compliance found on the previous inspection carried out on 26 January 2018.

On the day of inspection one of the 30 residents in the centre were deemed to have a confirmed diagnosis of dementia and eight were suspected as having dementia or a related condition. The centre did not have a dementia specific unit.

Staff strived to provide person-centred care. However, staffing resources, skill mix, appraisal and training provision required Improvement. The maintenance of staff records and medicine management arrangements also required some improvement.

The centre was laid out over three floors and all residents had single bedrooms within close proximity to bathroom and toilet facilities for the numbers accommodated on each floor. Residents had access to appropriate communal facilities and to secure landscaped gardens. The centre was warm and welcoming but refurbishment and repair works to some parts of the centre was identified for improvement. Aspects such as worn floor covering and chipped paint on walls and architrave could be improved. Good signage to communal areas was noted but identification for individual bedrooms could be improved to support people with dementia including the use of colour and photographs.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Following admission,
Residents had a comprehensive assessment and care plans were in place to meet their assessed needs. The health and social care needs of residents were met to a high standard. Residents had good access to medical services and to a range of other professional health services and there was evidence of good nursing care provided. Some improvement in the development, review and evaluation of care plans was required.

Residents were consulted with and had opportunity to participate in the day to day routine of the centre. The service promoted a safe and restraint free environment. There was evidence of good interdisciplinary approaches to residents with positive outcomes evident. The service functioned in a way that supported residents to lead purposeful lives. Positive connective care was observed during the formal observation periods. Collaboration and respect for residents was very evident and the daily routine was organised to meet the needs of individual residents and ethos of the centre.

An effective complaints process was evident. Opportunities to access independent advocacy services were to be communicated and explored at the next resident forum.

These findings are discussed further in the body of the report and the actions required are outlined within the action plan at the end for response.
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: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
This outcome sets out the inspection findings relating to healthcare, nursing assessments, care planning, delivery and evaluation. The social care of residents with dementia is covered in Outcome 3.

There were suitable arrangements in place to meet the health and nursing needs of residents including those living with dementia and cognitive impairment. Comprehensive assessments were carried out and care plans developed, some improvement was required to ensure all care plans were developed, reviewed and updated with residents changing needs.

Residents and their families or religious community, where appropriate, were involved in the care planning process, including end of life care plans. Systems were in place to prevent unnecessary hospital admissions. The nutritional and hydration needs of residents with dementia were met and clinical risks were regularly monitored.

Residents were protected by safe medication policies and procedures, however, some improvement was required to ensure the purpose and indication of medicines prescribed were known and understood by staff.

Residents had the option to retain the services of their own general practitioner (GP) if possible. However, most residents were with a local GP who visited the residents weekly and more frequently if required. Residents also had access to out of hours medical services and to allied healthcare professionals including dietetic, audiology, speech and language, dental, physiotherapy, occupational therapy, ophthalmology and chiropody services. Residents had access to the local palliative care team and mental health of later life services, if required. Limited access to community physiotherapy and occupational therapy services was described and the provider had made alternative arrangements to ensure that these services were accessed by residents when required. Local pharmacies supplied residents’ medicines and if required a pharmacist was
available to residents and to participate in the review of prescribed medicines.

This inspection focused on the experience of residents with dementia and cognitive impairment. Specific aspects of care were inspected such as nutrition, skin integrity, occupation, mobility and falls prevention.

There were systems in place for communications between the resident, the acute hospital and the centre. The person in charge visited prospective residents in hospital or in their community prior to admission. Residents’ files held relevant information on discharge and transfer letters from referral sources. Information about residents health, cognitive status, medicines and their specific communication needs were included within the transfer and assessment documents. Resident had an opportunity to visit the home and view or select a bedroom before they came to live there. Some residents were previously accommodated in the centre as respite admissions and were involved in the decision to return on a long term basis.

Residents had a comprehensive nursing assessment on admission. The assessment process involved the use of validated tools to assess each resident’s risk of malnutrition, falls, level of cognitive impairment and their skin integrity. There was also a pain assessment tool seen in use.

A care plan was developed within 48 hours of admission based on the residents assessed needs. Care plans contained the required information to guide the care of residents, they were person centred and were updated routinely on a four monthly basis. Some improvement was required to ensure they were updated to reflect the residents’ changing care needs and previously made decisions recorded in their ‘living will’ regarding end of life care.

There was documentary evidence that residents had provided information to inform the assessments, care plans and care plan reviews. Nurses, health care staff, residents and visitors who spoke with the inspector demonstrated appropriate levels of knowledge about care plans and preferred routines.

The care records were maintained in hardcopy format. Plans to transition from a paper based to a computerised system were under consideration. The person in charge was aware of the benefits of a computerised system and was to explore the matter further with staff and the provider.

Staff provided end of life care to residents with the support of their GP and the community palliative care team, as required. Single rooms were available for end of life care and an overnight guest room was available for family or friends. None of the residents were receiving end of life care at the time of inspection but engagement with residents including residents with dementia had occurred at an earlier stage to elicit their wishes and preferences for their future care needs including end of life care. The inspector examined care records, living wills and recorded decisions in relation to the end of life care for a sample of residents. A living will that was completed prior to admission was available in some. Decisions in relation to resuscitation status and treatment plans were seen recorded by their GP. However, an associated care plan linked to this decision was not in place for all to ensure the decision made remained
relevant, current and was subject to periodic review with all other care plans.

Residents were routinely assessed for their risk of developing pressure related ulcers. Care plans to manage the risk were in place and specialist pressure relieving equipment provided. None of the residents had a pressure sore or a wound at the time of inspection.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked as required and at least on a monthly basis. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. Nutritional and fluid intake records when required were maintained. The inspector observed residents having their lunch and evening tea in the dining rooms, and saw that a choice of meals was offered. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements.

The nutritional needs of each resident were known by catering staff spoken with and a recorded ‘food plan’ was accessible to both care and catering staff. These plans ensured residents with specific requirements such as diabetic and fortified diets, and also residents who required modified consistency diets and thickened fluids received the correct diet and modified meals. Mealtimes in the dining rooms were social occasions. Staff sat with residents while providing encouragement or assistance with the meal that was attractively served to each resident. Catering staff engaged with residents throughout the mealtime in the main dining room to establish their preferences and gauge satisfaction levels. The menu was varied and catering staff told the inspector it had been reviewed and validated by a dietician.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and reviewed following a fall, the risk assessments were revised, medicines reviewed and care plans were updated to include interventions to prevent further falls and to mitigate the risk of injury should a fall occur. Incidents and near misses presented an opportunity for reflective practice and new learning to manage risk. Audit reports over the past three years showed the average incidence of falls was less than one per month.

The medicine management systems and arrangements on previous inspections were safe and in accordance with guidelines and legislation, this remains unchanged. Records were maintained as required including a record of all medicine errors. However, the inspector found that some staff knowledge of resident conditions and of their prescribed medicines required improvement. Staff responsible for the administration of care and medicines on this inspection did not demonstrate sufficient knowledge and understanding in this regard which may compromise residents care and welfare. This finding was discussed with relevant staff, the person in charge and provider representative who agreed to address the matter and put measures in place to mitigate risks to residents. This included residents prescribed a PRN medicine (a medicine only taken as a need arises) who did not consistently have a medical condition indicated for its use. This was attributed to PRN medicines being recorded on the once off (stat dose)
Judgment:
Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
Measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

There were systems in place to safeguard residents’ and record their property. The inspector was told by the Director of Services that they did not represent any resident as a pension agent.

Intentional restraint was rarely used and was not in use at the time of this inspection. Bed levers, alarm devices and floor mats, foam wedges and low low beds had eliminated the use of bedrails. A comprehensive approved policy was in place to guide staff in line with national guidelines and international practice. Restraint was only to be used as a last resort.

Staff adopted a positive, person centred approach towards residents and there were no residents reported or observed to have behavioural and psychological signs of dementia (BPSD). A comprehensive policy in relation to the management of behaviour that challenge was available to guide staff, if needed.

Staff were familiar with appropriate interventions required for individual residents. During the inspection staff approached residents in a sensitive and appropriate manner and the residents responded positively to the support and techniques used by staff. Measures had been taken to control environment factors, such as noise and some residents dined in the smaller dining room as a result.

Clinical observations were monitored and conditions such as infection were treated once detected, and residents had access to mental health services if and when required. Some residents were prescribed antipsychotic or mood altering medications to treat an identified medical condition. The inspector found that the use of PRN medicines was carefully monitored, and only to be used as a last resort when other person centred interventions had been trialled.

A register and record of regular checks on safety equipment and resident well-being in
bed was maintained by staff.

The inspector found that appropriate measures were in place to protect residents from being harmed or abused.

Staff had received safeguarding training on identifying and responding to elder abuse. There was an approved policy in place which gave good guidance to staff on the identification, assessment, reporting and investigation of any allegation of abuse. The person in charge and staff who spoke with the inspector displayed sufficient knowledge of the policy content and were clear on reporting procedures. There were no allegations of abuse and low level of accidents and incidents in the centre was reported.

**Judgment:**
Compliant

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**Outcome 03: Residents' Rights, Dignity and Consultation**

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

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

**Findings:**
The ethos of the service upheld the rights, dignity were respect for each resident. The nursing assessment included an evaluation of the resident’s social and emotional wellbeing. All staff optimised opportunities to engage with residents and provide positive connective interactions.

The daily routine was organised to suit the residents. Prayer and religious services continued to be an important aspect of daily life. Daily mass (except Thursday) was provided for within the centre. Some residents chose to attend the nearby chapel for services on a Thursday and were supported to do so. Activities were available to all residents including those with cognitive impairment and living with dementia which reflected their capacities and interests.

An activity staff member with many working years of experience in the centre co-ordinated the recreational and meaningful activities for residents, supported by staff and members of the religious community. Carers promoted and supported engagement in activities on a daily basis.

In addition to activities held in the centre, outings were organised to local events and areas of interest during the year such as a recent visit to Knock. There was evidence that such outings had been chosen in collaboration with residents, and that residents were satisfied with activities that were arranged. Group activities were organised such as board games, music sessions, bingo and prizes seen on the day of inspection, Sonas,
arts, crafts, baking and knitting. Residents had access hairdressing and chiropody services and were all well groomed.

Staff created opportunities for one-to-one support in activities, for residents who were unable or unwilling to participate in groups. A 'What you need to know about me' document containing information about each resident's history, hobbies and preferences was used to inform the planning of activities. The community sisters lived locally and with family members were able to support life story work prior to sisters being admitted to the centre. Valuable information for staff to reminisce and engage in a person centred way with residents had been gathered and was known by staff.

The inspector observed staff interactions with residents, including residents with cognitive impairment and dementia. These periods of observation took place in the dining rooms and day room. The majority of interactions demonstrated positive connective care and support. Staff who spoke with the inspector attributed this to the culture within the centre. Staff had received information associated with the Quality of Interaction Schedule (QUIS) tool during a recent staff meeting and QUIS information with examples was seen displayed in staff rooms. Some staff during their appraisal had identified a training need specific to caring for residents with dementia and the person in charge had arranged training to take place in September 2019.

Staff had good knowledge about each resident. The person in charge showed the inspector nostalgic items sourced and created with residents to aid and recollect past events and or prompt conversations. China tea sets, momentous foodstuff packages and containers, vinyl records, a record player, sewing machines, religious artefacts and other items relevant to the resident group were accessible to residents.

There were no restrictions on visiting times; there were facilities to allow residents to receive visitors in private. There was evidence to support that residents with dementia received care in a dignified manner that respected their privacy. Staff were observed knocking on residents' bedroom doors before entering, and using a notice to prevent entry to rooms while providing personal care.

There was evidence that residents with dementia were consulted about how the centre is run, and the services that are provided. Feedback forms and comment boxes were strategically placed in areas occupied by resident and at the entrance alongside the sign in and out book. There was evidence of improvements made based on feedback received. A residents' committee chaired by two residents met at least three times per year, and residents were also consulted about important decisions and changes in routines such as this week's postponed retreat. Agendas included discussions about upcoming religious services and seasonal events, outings, mealtimes and support systems and services available. Residents had voted in recent local elections and national referendum.

Residents maintained strong links with their local communities. Parish newsletters, notice and orientation boards and leaflets provided current affair and local information updates. Phones were installed in each bedroom, and some residents used laptops or electronic devices (ipad or mobile phone) for personal use and communication. A communal computer was also available and Wifi was available throughout the centre.
Daily and local newspapers were provided for residents. The daily papers facilitated open discussions about interesting topics.

Pastoral care and support was provided by the resident sisters' religious community and to date an independent advocacy service had not been involved or advertised as an option of support. This had influenced the self assessment rating of substantial compliance in this outcome. The Director of Services and Person in charge were to discuss with residents and advertise this national service available.

**Judgment:**
Compliant

### Outcome 04: Complaints procedures

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

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

**Findings:**
A complaints process was in place to ensure the complaints of residents including those with dementia were listened to and acted upon. The process included an appeals procedure and was displayed prominently in the centre. The complaints procedure met the regulatory requirements.

Residents who spoke with the inspector were clear about who they would bring a complaint to. Records reviewed showed that complaints were recorded and managed in line with the policy. Information from complaints brought about quality improvements.

Pastoral care sisters were involved in the oversight and supported the monitoring of residents care and welfare needs.

**Judgment:**
Compliant

### Outcome 05: Suitable Staffing

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
This centre had retained most staff over many years but it had recently experienced a turnover or absence in staff that impacted on the planned and actual roster resources. Management told the inspector they had encountered some delays within the recruitment and replacement of appropriately skilled staff. As a result, the availability and number of appropriately skilled staff was identified as an area in need of improvement, as was staff training, supervision and Schedule 2 requirements.

While there were appropriate staff numbers to meet the needs of residents on the day of inspection, the person in charge and other existing or part-time nursing staff were required to cover vacant nursing shifts to ensure one nurse was rostered and available over a 24-hour period in the centre. This arrangement was not sustainable, detracts from the governance and management arrangements and required improvement.

Arrangements were in place to induct, supervise and develop staff, however due to the strain on nursing resources, agency or contracted staff were not sufficiently supervised on a consistent basis, and did not have a full or individually completed contractual agreement to ensure all relevant Schedule 2 documents were in place prior to their commencement and working in the centre.

The inspector examined a sample of existing staff files and found that Garda vetting disclosures was present. The provider representative confirmed that all staff were Garda vetted.

The person in charge was not directly involved in the recruitment, selection and vetting of all staff but was involved in recruiting care staff and in the induction and appraisal of staff. Additionally, the person in charge did not undergo or complete a formal appraisal for development and learning. These arrangements required review and improvement to enhance accountability and responsibility.

There were systems in place to ensure that all staff attended relevant and mandatory training. A training matrix was maintained and plans to provide specific dementia training was planned for September 2019. From discussions with staff and a review of the training records available, some gaps in staff training were identified. A significant gap was found in the provision and refreshment of cardio pulmonary resuscitation (CPR) training. It was noted that residents of the centre had been offered an option to CPR and had made decisions to receive this treatment, if necessary.

The provider representative and person in charge told the inspector that volunteers were not used in the centre. The residents' religious community were involved in supporting them along with the staff team.

Judgment:
Non Compliant - Moderate
### Outcome 06: Safe and Suitable Premises

**Theme:**
Effective care and support

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

**Findings:**
The nursing home is close to amenities and is situated in the town of Kilcock, Co. Kildare.

The location, design and layout of the centre is suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely manner. The inspector found the centre to be warm, reasonably well maintained and suitably decorated; however, some parts required improvement.

The main dining room located opposite the main kitchen on the ground floor and a smaller dining/day room available and used by the resident group. The smaller room was used by resident requiring assistance within a quieter atmosphere. Meals were prepared on site in the main kitchen and served to residents in the dining rooms. Each dining table was appropriately set with cutlery, serviettes and napkins, condiments and fresh flowers.

There was ample communal space that included a number of day rooms on each floor, two dining rooms and a ‘Nano’ sitting room on the ground floor that had pleasant views and access to an outdoor secure garden and the neighbouring chapel. There was a chapel, an ornate quiet room used for prayer and reflection and a guest bedroom for family, friend and visitors to stay in.

Residents had good access to well maintained outdoor areas with raised colourful flower beds and seating areas. Corridors and door entrances used by residents were wide and spacious to facilitate movement and aids used and required by residents. Matt flooring throughout helped to minimise glare and was suitable for people with dementia. However, some flooring in parts was worn and in need of repair or improvement. A system of auditing each room and the development of an equipment inventory was suggested.

Handrails and grab rails were provided where required in circulating areas and in bathrooms. There were plenty of windows to facilitate natural light and outlook, however, frosted glass seen in the five bedrooms on the ground floor prevented residents’ to have an outlook. The inspector was informed that a conservation order was attached to the building and the replacement of frosted glass may not be an option. This was to be explored.

A passenger lift serviced three upper floors. The middle floor which was split level (main
The centre promoted a dementia friendly environment and this was apparent on the inspection. Examples of this include symbols and large obvious signage to orientate residents and bedrooms were personalised to suit the individual resident. Pictures and photographs which depicted residents’ life were a reminder of the years that the majority of the residents had spent in other parts of the world.

The self-assessment questionnaire judgement of substantial compliance in this outcome was discussed with the Director of Services (DOS), who represented the Registered Provider, and with the Person in Charge. The inspector was told by the DOS that this rating was attributed to the limitation in their scope to change a protected building and undertake changes such as contrasting the colour of doors that were all varnished (brown). Consideration and further improvements such as unique identifiers, photos or pictures to help residents to identify their bedroom door could be considered to optimise functioning and support way finding in addition to the name of a resident seen on most bedroom doors.

**Judgment:**
Substantially Compliant

### Outcome 09: 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 centre had a statement of purpose that in the main described the services provided. Further details were required to ensure all matters listed in Schedule 1 were clearly defined, detailed or described.

For example, all rooms laid out over 3 floors including the primary function and size was not outlined; the admission criteria that religious sisters would only be accommodated was not specified, and the name of the registered provider (entity) was not clearly detailed. Other matters such as a cost incurred for some professional services or allied health care services was unclear and at odds with what was described by staff and management as available.

**Judgment:**
Substantially 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:**

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**Provider’s response to inspection report**

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<td>Centre ID:</td>
<td>OSV-0000094</td>
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<tr>
<td>Date of inspection:</td>
<td>19/06/2019</td>
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<tr>
<td>Date of response:</td>
<td>22/07/2019</td>
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**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: Health and Social Care Needs**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some improvement was required to ensure all care plans were developed, reviewed and updated with residents changing needs.

1. **Action Required:**
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Living Life to the End Care Plan developed and being added to each individual care plan.
Think ahead documentation/Advanced Care Directive now includes formal review at intervals not exceeding 4 months.

Proposed Timescale: 01/09/2019

Theme: Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The knowledge of resident conditions and their prescribed medicines by staff responsible for the administration of care and medicines required improvement.

2. Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
Monthly Medication Audit amended to capture nurse’s knowledge of therapeutic use of drugs.
Medication Management Competency Assessment Tool developed.
Pharmacy documenting indication for all medication on their four monthly review.

Proposed Timescale: 19/07/2019

Theme: Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvement was required to ensure the purpose and indication of medicines prescribed were known and understood by staff.

Residents prescribed a PRN medicine (a medicine only taken as a need arises) did not consistently have a medical condition indicated for its use.

3. 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:**
A. GP informed of need to document indication after each prescribed PRN medication Prescriptions review and updated. Pharmacy documenting indication for all medication on their medication review sheets. Nursing staff reminded of their responsibility to keep themselves updated on current medication indications. MIMS and pharmacist available for consultation if needed.
B. Medication Management Competency Assessment Tool developed to monitor above and been commenced.

**Proposed Timescale:** 19/07/2019

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<th>Theme: Outcome 05: Suitable Staffing</th>
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<td>Workforce</td>
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**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The availability and number of appropriately skilled staff was an area in need of improvement

4. **Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
A. RGN due to take up full time employment 30.7.19
B. Recruitment of additional full time staff commenced in order to have consistent appropriately skilled staff cover going forward.

**Proposed Timescale:** 30/11/2019

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<th>Theme:</th>
<th>Workforce</th>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Gap in the provision and refreshment of relevant and appropriate training such as CPR was found.

5. **Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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<thead>
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<th>Theme:</th>
<th>Workforce</th>
</tr>
</thead>
</table>
Please state the actions you have taken or are planning to take:
CPR training for RGN 1.7.19
CPR Care Assistants planned for 27.8.19 2.9.19

**Proposed Timescale:** 02/09/2019

**Theme:**
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All staff were not sufficiently supervised or appraised on a consistent basis.

6. **Action Required:**
Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
Recruitment of new staff will allow for more efficient supervision

**Proposed Timescale:** 31/08/2019

**Theme:**
Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
A full or individually completed contractual agreement or assurance record that all relevant Schedule 2 documents were in place for agency or contractual staff working in the centre was not available or maintained.

7. **Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
Written confirmation in place that all Schedule 2 documentation is held by the agency. Copy of all relevant documentation in place in the nursing home.

**Proposed Timescale:** 23/06/2019
**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some flooring in parts was worn and in need of repair or improvement. A system of auditing each room and the development of an equipment inventory was suggested.

The storage of equipment in communal areas such as the upper floor landing and in bathrooms required review.

The following were to be explored further:
- Frosted glass seen in the five bedrooms on the ground floor prevented residents’ to have an outlook. The inspector was informed that a conservation order was attached to the building and the replacement of frosted glass may not be an option.
- Provision of unique identifiers, photos or pictures on bedroom doors to help residents to identify their bedroom could be considered to optimise functioning and support way finding for residents with dementia or cognitive impairment.

**8. 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:
A. Facilities audit in place
B. Flooring Dining room in consultation with architect will be replaced. Flooring in other areas are included as part of our facilities maintenance programme
C. Review of equipment storage is under way.
D. In consultation with architect the frosted glass comes under the conservation order and cannot be changed.
E. We will consult with the residents in relation to unique identifiers for bedrooms.

**Proposed Timescale:** 30/11/2019

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**Outcome 09: Statement of Purpose**

**Theme:**
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The statement of purpose required review and updating to include all matters listed in...
## Schedule 1

For example, all rooms laid out over 3 floors including the primary function and size was not outlined; the admission criteria that religious sisters would only be accommodated was not specified, and the name of the registered provider (entity) was not clearly detailed. Other matters such as a cost incurred for some professional services or allied health care services was unclear and at odds with what was described by staff and management as available.

### 9. 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 Residents in Designated Centres for Older People) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
Statement of Purpose reviewed and updated

**Proposed Timescale:** 19/07/2019