

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Queen of Peace Centre
Centre ID:	OSV-0000085
Centre address:	6-8 Garville Avenue, Rathgar, Dublin 6.
Telephone number:	01 497 5381
Email address:	spcqueen@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sisters of St Paul de Chartres
Provider Nominee:	Brian Lee
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	41
Number of vacancies on the date of inspection:	4

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 decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 29 November 2016 09:30 To: 29 November 2016 21:30

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

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

Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of the application for renewal of registration by the provider. The inspection took place over one day.

As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority

(HIQA). All documents submitted by the provider for the purposes of application to register were found to be satisfactory. The fitness of the nominated person on behalf of the provider and the person in charge were assessed through an ongoing fit person process. They demonstrated knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland throughout the inspection process.

As part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents, relatives and staff members of the centre were also sought.

Information in the form of notifications and other information brought to the attention of HIQA were also considered as part of the inspection process.

A number of residents' and relatives' questionnaires were given to the inspectors during the inspection. The opinions expressed through the questionnaires were broadly satisfactory with services and facilities provided. In particular, they were very complimentary on the manner in which staff delivered care to them, commenting on their patience, good humour and respectful attitude.

Residents' healthcare needs were met and they had access to medical officers and consultant geriatrician services within the centre. Access to allied health professionals, such as physiotherapy and, speech and language therapists, and to community health services was also available. However, improvements were found to be required, including activity provision and the assessment, planning and recording of care. The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A written statement of purpose was available that broadly described the service provided in the centre and contained all of the information required by Schedule 1 of the Regulations.

Copies of the document were available in the centre.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

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

Findings:

There was evidence of sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. A clearly defined management structure that identified the lines of authority and accountability as outlined in the statement of

purpose was in place. The centre is owned by the Sisters of St Paul de Chartres and governed by an Advisory Council.

The chairperson of the Advisory Board represents the provider entity and works full time as a senior manager in the centre. The provider representative is supported by: the person in charge, director of services, general services manager, finance manager and clinical nurse manager.

The provider representative and person in charge met regularly both formally and informally. The advisory council met with the provider representative and person in charge, on a monthly basis and the minutes of recent meetings were viewed.

Discussions were held on performance indicators of the standard of care delivered such as: falls incidents, nutrition, hygiene, health and safety, staffing, and policies and procedures.

Systems were in place to monitor quality and safety of care in place while data was being collated on a monthly basis on key performance indicators (KPI's) of clinical care such as; falls: pressure injuries: medication errors and nutrition management. These KPI's are used as a way to assess the standard of care being delivered in the centre. Actions arising from the last inspection were addressed in that audits were conducted on a monthly basis throughout the year. Some analysis of the data to improve the standard of care delivered to residents was viewed, but there was limited documented evidence that the results of all audits were used to drive improvements in care. The need to continue to improve processes so that a complete cycle of audit was established was discussed with the provider representative and person in charge at the conclusion of the inspection.

An annual review of safety and quality of care was also in place. A report on the review was available. The report identified key performance indicators such as; staff training; complaints analysis and service developments. Other quality care indicators were referenced to indicate the standard of and safety and quality of service being delivered.

Judgment:
Compliant

Outcome 03: Information for residents

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

Theme:
Governance, Leadership and Management

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

Findings:
Each resident had an agreed written contract which deals with the resident's care and welfare. The contract included all details of the services to be provided for that resident and the fees to be charged. This included a list of facilities and services provided

including laundry, meals, and housekeeping. Services which incurred additional fees were listed such as prescription charges.

A guide to the centre was available to all residents. This described the centre services, management, complaints procedure, and contact information for useful external bodies. Communal areas such as the lobby also had information on display regarding the complaints procedure, evacuation instructions, details of staff on duty and contact details for advocacy services.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The centre was managed by a suitably qualified and experienced nurse who held authority, accountability and responsibility for the provision of the service. Through an assessment process it was noted that there was daily engagement in the governance, operational management and administration of the centre. The person in charge facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions and was focused on developing a culture of quality improvement and learning to drive improvements in the standard of care delivered to residents.

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
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Records set out in Part 6 of the Regulations were available and kept in a secure place. The Statement of Purpose and Residents' Guide was complete and available. A copy of the insurance cover in place was provided which meets the requirements of the Regulations.</p> <p>The directory of residents was reviewed and was found to meet the requirements of the Regulations and was up to date with records of admissions discharges and transfers maintained.</p> <p>It was found that, overall, general records as required under Schedule 4 of the Regulations were maintained including key records such as appropriate staff rosters, accident and incidents, nursing and medical records and operational policies and procedures as required by Schedule 5 of the Regulations. Policies were reviewed on a regular basis and within the three year timeframe required by the regulations.</p> <p>It was found that all records listed in Schedule 2 and Schedule 23 of the regulations were being maintained in terms of accuracy and were updated regularly. The inspector reviewed a sample of staff files and found that they met all of the requirements listed in Schedule 2.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 06: Absence of the Person in charge</i> <i>The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.</i></p>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Suitable arrangements were in place for periods of absence of the person in charge. The fitness of the assistant director of nursing to replace the person in charge in the event of her absence was determined through observation and discussion during the inspection and had the qualifications and experience required by the legislation.</p>

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):

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

Findings:

The findings of the last inspection required actions to improve management of residents' responsive behaviours, associated with identified needs. This was not addressed. The findings of this inspection are referenced under Outcome 11.

Staff had received training on the prevention of elder abuse and all staff spoken too were clear on their role and responsibilities in relation to reporting abuse. Staff were also knowledgeable in recognising the possible signs and symptoms, responding to and managing abuse. Procedures to protect residents, such as a robust recruitment system, staff induction and training were also in place and implemented.

In conversations with them, residents told the inspector that they felt safe and secure in the centre and relatives also confirmed that they did not have any concerns for the safety of their loved ones.

The provider informed the inspector that they did not act as pension agents for any of their current residents. Systems were in place to assist a number of residents to safeguard sums of money, and showed the inspector the system in place. The inspector was satisfied that the system, which involved all monies given in for safekeeping and subsequently withdrawn, was recorded and signed by two persons. Receipts for purchases made were available.

It was noted that there was a move towards changing the culture and promoting a restraint free environment. The use of bed rail restraint had reduced since the last inspection and the use of alternative measures such as low-low beds, mat and bed alarms had increased. Risk assessments for use of restraints were completed. Evidence of alternatives considered or trialled was available and included or referenced in the assessments or in associated care plans.

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:

Emergency lighting and fire fighting equipment, directional signage and appropriate fire procedures were available throughout the building. The internal and external premises and grounds of the centre appeared safe and secure, with appropriate locks installed on all exterior doors. A CCTV system was in place externally and a register of all visitors to the centre was maintained.

Completed logs were maintained on daily, weekly, monthly and quarterly tests and checks of fire equipment, doors, exit routes and emergency lighting. Certification of testing and servicing of extinguishers, fire retardant materials and the alarm system were documented. The building's fire and smoke containment and detection measures were appropriate to the layout of the building, and exits were free of obstruction. All staff had received training in fire safety within the past 12 months, and were familiar with what actions to take in the event of a fire alarm activation, and with the principles of horizontal evacuation.

All residents had personal emergency egress plans (PEEPs) which identified the level of mobility and evacuation mode of each resident. However, these plans did not include the level of cognitive understanding, the need for supervision or the level of compliance of each resident in an emergency situation.

Appropriate arrangements for investigating and learning from serious incidents/adverse events which identified residents who were at risk of falls and put in place appropriate measures to minimise and manage the risks was in place. A risk register was established which was regularly reviewed and updated. There were arrangements in place to review accidents and incidents within the centre. Residents, who had fallen, had falls risk assessments completed after the falls, and care plans were updated.

Inspectors observed that staff implemented the principles of current Moving & Handling guidance when assisting residents to transfer.

Systems to support staff knowledge and implementation of best practice to ensure good infection prevention and control were in place.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures

<i>for medication management.</i>
Theme: Safe care and support
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: <p>Inspectors found that there were written operational policies in place in the centre relating to the ordering, prescribing, storage, and administration of medicines to residents.</p> <p>Medicines were supplied to the centre by a retail pharmacy business in a monitored dosage system that consisted of blister packed medication. Medicines were stored securely in the centre in medication trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely within a locked metal cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines.</p> <p>Inspectors observed nursing staff administering medicines to residents during the evening administration rounds on one of the units. The administration practice was in line with current professional guidance.</p>
Judgment: Compliant

<i>Outcome 10: Notification of Incidents</i> <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
Theme: Safe care and support
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.
Judgment: Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

The findings of the last inspection required actions to improve care planning processes to provide better guidance to staff. Care plans to manage responsive behaviours associated with residents needs also required improvement. However, these actions were not addressed and the findings are recurrent on this inspection.

Access to medical and allied health professionals was available. The majority of residents were under the care of local general practitioners (GP) and visits by the doctors from the local clinics were regularly made on referral or on a needs required basis. Access to a range of allied health professionals was available. Documented visits, assessments and recommendations by dietician speech and language therapists, physiotherapy and occupational therapist reviews were viewed. Residents were also reviewed by opticians, dentists and chiropody services on a regular and as required basis.

Improvements to systems in place to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health were found, and efforts to plan and deliver care in a person centred manner were noted.

However, clinical records viewed did not contain enough detail to ensure they were effectively managing the health problem. In particular, care plans in place to manage responsive behaviours did not fully guide staff. Some positive behaviour support plans did not include the form the behaviours might take, the triggers associated with the behaviour, and distraction or de escalation techniques to manage the behaviours. In addition, the system in place to record episodes of the behaviour was not being fully implemented. A recognised assessment and review chart called ABC (antecedent behaviour consequence) was being used as a means of identifying possible causes and solutions, but it was not completed for all incidents. This is a recurrent finding from the last inspection.

It was also noted that some care plans were not being reviewed as the resident's needs or circumstances changed. Also reviews did not always consider the effectiveness of the interventions to manage and/or treat the need. Aspects of other nursing documentation

required improvements to ensure it was clear and co-ordinated. Nurses' daily progress records did not provide enough detail on the overall status of residents. The notes did not always comment on the care delivered, signs of improvement or deterioration in physical emotional or psychological state. They did not indicate how the resident had spent their day. This meant that a general picture of each person's overall health and well being could not be determined.

Judgment:

Non Compliant - Moderate

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:

Improvements to the outdoor space were required on the last inspection. These were partially addressed on this occasion, with improved paving to facilitate resident access. However, although improvements also included the addition of raised planter beds the garden had not yet been fully landscaped and further maintenance was required to control weed growth and growth of moss on pavements which was a possible slip hazard.

The design and layout of the centre was broadly in line with the statement of purpose and the inspector was satisfied that the design and layout met residents' individual and collective needs.

The premises were fully reviewed at the last registration inspection and no structural changes have taken place since then.

The centre was laid out over three floors, each accessed by a lift. The ground floor consisted of a secure reception area, main kitchen, dining room, offices and visitors room. The residents' bedrooms were located on the first and second floors. All bedrooms were single occupancy. Thirteen contained a shower en-suite and the remaining bedrooms contained a wash-hand basin. All bedrooms were personalised with pictures and photographs and some contained furniture brought from the resident's home. All bedrooms were of sufficient size and layout for the residents, appropriately decorated and with adequate storage for belongings including lockable space for

valuables.

There were sufficient numbers of other toilets, bathrooms and showers to meet the needs of residents, and adequate communal and private space in which residents could receive visitors. There was a large day room on the first floor and a chapel on the second. There were two designated smoking areas. The first and second floors also contained storage rooms, dirty utility room and nurses' office.

Assistive equipment was in place and available for use and in good working order, service records were up to date and maintenance contracts were in place.

Overall it was found that adequate private and communal space was provided and the design, layout and decor of the centre provided a comfortable living space for residents. However, a small number of items required improvement. These included: dirty utility rooms did not contain suitable racking to ensure urinals, bedpans or commode inserts could be properly dried prior to storage: Mechanical extraction ventilation was not in place in the cleaners store room to prevent or reduce build up of malodours: and a wash-hand basin was not available in the cleaners store room or the hairdressing room. Signage and colour cueing to facilitate way-finding for residents with cognitive impairment also needed improvement and it was noted that there were few areas of diversion and interest for residents.

Judgment:

Substantially Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed.

On review of the record of complaints there was evidence that all complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcomes and a review was conducted to ascertain the satisfaction of the complainant further to issues being resolved.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Equipment and facilities for residents and relatives were available to meet religious and spiritual needs.

A determination on the standard of end of life care delivered could not be fully made as no resident was receiving end of life care at the time of the inspection.

Access to specialist palliative care services were available when required.

Some evidence was available that residents will or preference was sought in relation to issues such as emotional, social and spiritual needs, place of death or funeral arrangements.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

Findings:

Actions required from the last inspection to ensure resident's privacy and dignity were fully maintained through person centred attention at meal times were fully addressed on this inspection. There were sufficient staff available to provide one-to-one assistance to residents' who required assistance with their meals.

Residents were provided with food and drink at times and in quantities adequate for their needs. A four week rolling menu was in place to offer a variety of meals to residents.

Assistance was observed and was offered to residents in a discreet, patient and sensitive manner by all staff.

Most residents took their meals in the dining room and tables were appropriately set with cutlery condiments and napkins. Residents spoken with all agreed that the food provided was always tasty hot and appetising. The main kitchen was located beside the dining room. Food was served directly from there by a team of staff and was well presented. Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate. Residents on modified consistency diets also received the same choice of menu options as others. Drinks such as water, milk, tea and coffee and fresh drinking water at all times were available. Evidence of referral to relevant allied health professional including dietician or speech and language therapists was found and there was a system in place to monitor the intake of residents identified as at risk of malnutrition.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Evidence that residents were consulted with and participated in the organisation of the centre was found. Overall, residents' rights, privacy and dignity were respected, with personal care delivered in their own bedroom or in bathrooms with privacy locks. Moreover, residents had the right to receive visitors in private. There were no restrictions to visiting in the centre and the inspector observed several visitors throughout the inspection.

The inspector was told that residents were enabled to vote in national referenda and elections with the centre registered to enable polling. Access to advocacy services was available and contact details for advocacy services were displayed.

Appropriate and respectful interactions were observed throughout the day between residents and staff who respected resident's dignity and choice during care interventions and in their daily routine. In conversation with some residents the inspector was told they were satisfied with the care provided and many spoke warmly of the friendly and helpful attitude of staff. All said they felt very safe. The inspector observed residents' general and personal daily activities in the centre. Staff were observed to assist most

resident's with their activities of daily living such as washing dressing and eating. The assistance was provided in a low-key but warm and unhurried manner. Residents religious needs were fully met with daily Mass and prayer groups. Information on the day's events and activities was prominently displayed in the centre.

The activity programme was not fully linked to the information gathered in the form of residents' life stories in order to include purposeful activities linked to former interests or lifestyles. The inspector also observed that there was little meaningful mental or sensory stimulation provided to residents during the late afternoon and early evening.

An activities programme was in place delivered by an activities coordinator each day. It included a mix of activities, intended to stimulate residents both physically and mentally, such as: arts and crafts, dog therapy, music and baking. Dementia relevant activities were also included in the programme such as reminiscence and sonas (a therapeutic communication activity primarily for older people, which focuses on sensory stimulation). The majority of activities took place on the first floor in the large sitting room. The inspector observed some residents enjoying the baking and exercise activities throughout the morning. The exercise session was well attended by about 15 residents. The staff person facilitated the session with clear and well timed instructions that gave residents time to complete each stretching or rotational movement. In conversation with them, some residents said they enjoyed the activities and looked forward to the exercises, which they believed were very important to maintaining their independence. In general residents were happy with the programme available although some said that they would like more activities to keep their mind active. It was noted that the programme generally concluded round 3pm each day.

As part of their role the activities staff supervised residents in the sitting room throughout the day. This limited the time available for individual one-to-one activities, although inspectors found that there were many residents who spent a lot of time in bed due to frailty or choice. The inspector learned that these one-to-one activities, such as hand massage, reading or conversation sessions were usually delivered in the evenings between 3-6pm. They would typically last for approximately 20-30 minutes depending on the engagement and interest of the resident. This meant that staff could spend time with up to five residents on an individual basis per day. The inspector observed that for the most of the day these residents relied on the T.V. or radio for stimulation. Outings were facilitated and residents said they had enjoyed the recent outing to a music concert.

Judgment:
Substantially Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents. A policy on residents' personal property was in place and implemented using an inventory on clothes and valuables belonging to residents upon admission. In a sample of those reviewed these were updated.</p> <p>Residents had access to a locked space in their bedroom if they wished to store their belongings.</p> <p>There was a policy in place of residents' property in line with the Regulations and a list of residents' valuable property and furniture was maintained where required</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 18: Suitable Staffing</i> <i>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.</i></p>
<p>Theme: Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s):</p> <p>Findings: An action was required further to the last inspection to ensure there was sufficient supervision in place facilitate the delivery of person centred care to all residents at all times. This was addressed on this inspection.</p> <p>Suitable and sufficient direct care staffing and skill mix were found to be in place to meet the needs of the current resident profile. The staff rota was checked and found to be maintained with all staff that worked in the centre identified.</p>

Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place. Cover for planned and unplanned leave was provided within the current staff complement. This also included a formal on-call arrangement of the person-in-charge and the assistant director of nursing.

Records reviewed showed that staff had been provided with opportunities to receive updated training in areas such as: safeguarding; moving and handling; fire safety: first aid: dementia care and food hygiene; pressure ulcer prevention; assessment and care planning. Samples of attendance records were also viewed.

Appropriate and respectful interactions were observed throughout the day between residents and staff. Overall it was noted that resident's dignity and choice was respected during care interventions and in their daily lives.

A formal staff appraisal system was established that discussed the continuous performance and training of staff with each staff member.

Effective staff supervision and development processes were in place and there was an emphasis on team spirit. Good recruitment processes were in place including a Garda vetting process. The inspector verified that all nurses were registered with the Irish Nursing Board.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Queen of Peace Centre
Centre ID:	OSV-0000085
Date of inspection:	29/11/2016
Date of response:	28/12/2016

Requirements

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

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

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Assessment and care planning were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need.

1. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by

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

an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

- a. PIC will revise the pre-admission assessment form that is currently used when assessing a person who intends to be a resident in the nursing home to include gathering of more comprehensive information of the person's personal and social care needs.
- b. Relevant staff on the floor who will look after the resident when admitted will be informed of the relevant information about the resident.
- c. Social and Activity care plan of all residents, those who are currently admitted to the nursing home and those who will be admitted to the nursing home, will be reviewed to include activity programme specific for each resident based on their interests or lifestyles.
- d. Refresher training will be provided to all nursing staff on assessment and care planning to ensure assessments and plans are specific to the residents needs.
- e. Assessments and care plans will be continued to be reviewed on a regular basis by the PIC and ADON with a focus on the specificity of the plans to ensure they are effectively delivered and guide staff on the appropriate use of interventions to consistently manage the identified health and social care needs of residents.

Proposed Timescale: 15/01/2017

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Reviews of care plans did not include a determination of the effectiveness of the plans to manage the needs identified. Documentation of care did not provide a clear picture of residents current condition.

2. 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 it, after consultation with the resident concerned and where appropriate that resident's family.

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

- a. ADON or CNM on duty will review care plans of any resident as soon as the resident's needs or circumstances changed. Review of the care plans will consider the effectiveness of the interventions put in place to manage and/or treat the need of each individual resident.
- b. PIC will review and audit nursing documentation on a weekly basis to ensure that nurses' notes provide detail on the overall status of residents. PIC will ensure that daily notes will include comment on the care delivered, signs of improvement or deterioration in physical emotional or psychological state of the residents, indicate how the residents

had spent their day and that a general picture of each resident's overall health and wellbeing is documented.

c. PIC will arrange training on documentation for the Nurse's and HCAs to attend.

Proposed Timescale: 31/01/2017

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 design and layout of the centre was broadly in line with the statement of purpose but improvements were required including:

landscaping and maintenance of the garden area: suitable racking in dirty utility rooms: mechanical extraction ventilation in the cleaners store room: wash-hand basins in the cleaners store room and the hairdressing room: improved signage and colour cueing to facilitate way-finding for residents with cognitive impairment and more areas of diversion and interest for residents.

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:

- a. Works to improve the landscaping and maintenance of the garden area will be put in place to ensure full accessibility and safety of residents. A new maintenance programme will be implemented.
- b. New and suitable racking in dirty utility rooms will be installed.
- c. Mechanical extraction ventilation in the cleaners' store room will be installed.
- d. Wash-hand basins in the cleaners store room and the hairdressing room will be installed.
- e. Signage and colour cueing to facilitate way-finding for residents with cognitive impairment and more areas of diversion and interest for residents will be implemented.

Proposed Timescale: 30/06/2017

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:

Opportunities for purposeful or meaningful stimulation for all residents who remained in

bed or in their bedrooms for long periods of time due to frailty or personal preferences were limited.

4. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

- a. The activities programme will be reviewed and updated to ensure all residents can participate where practicable in meaningful activities on a regular basis.
- b. Families/NOKs of the residents who remain in bed or in their bedrooms for long periods of time due to frailty or personal preferences will be consulted with to gather more information regarding residents' likes, interests and hobbies and will develop an activity care plan in accordance with their interests and capacities to participate.

Proposed Timescale: 31/01/2017