

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Maria Goretti Nursing Home
Centre ID:	ORG-0000417
Centre address:	Proonts, Kilmallock, Limerick.
Telephone number:	063 98983
Email address:	mgnh@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Maria Goretti NH Partnership, T/A Maria Goretti Nursing Home
Provider Nominee:	Helen O'Mahony
Person in charge:	Helen O'Mahony
Lead inspector:	Margaret O'Regan
Type of inspection	Unannounced
Number of residents on the date of inspection:	50
Number of vacancies on the date of inspection:	10

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 judgements about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
20 January 2014 10:45	20 January 2014 17:00

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

Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection the inspector met with residents and staff. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures.

There had been a change of person in charge since the previous inspection; Ms. Helen O'Mahony had taken up the post of person in charge in addition to her role as the nominated provider. The nominated provider/person in charge is a nurse with experience in the area of nursing the older person. On inspection, she was identified by staff as the person responsible for resident care. Staff stated there was no difficulty in discussing work issues with her. She was involved with the operational management of the centre on a regular and consistent basis. It was noted on this inspection that the person in charge had autonomy to fulfil her duties - lack of autonomy in this area had been an issue on previous inspections.

Overall the governance and management of the centre had improved. Care practices were safe, the activities programme had expanded, ongoing education was provided for staff, the centre was clean and tidy. Issues noted on this inspection which required attention included health and safety issues and the provision of adequate

privacy and dignity in the multi-occupancy rooms. These and other issues are outlined in the report below.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

There had been a change of person in charge since the last inspection. The nominated provider (Helen O'Mahony) also took up the post of person in charge. Ms. O'Mahony is a nurse with experience in the area of nursing the older person. On inspection, she was identified by staff as the person responsible for resident care. Staff stated there was no difficulty in discussing work issues with her. She was involved with the operational management of the centre on a regular and consistent basis.

Overall the governance and management of the centre had improved. However, there was still little formal communication between the providers which impacted on the longer term plans for the centre. For example, there were no records or evidence that meetings took place between the business parties to make strategic planning decisions about the running of the nursing home. One such matter requiring a cohesive response was how the providers plan to reduce the multi-occupancy rooms to single or twin rooms by 2015.

Outcome 06: 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.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A policy and procedure was in place for the prevention, detection and response to abuse. The deputy person in charge and staff reported that they had received training in understanding elder abuse and implementing the centre's policy including who to report it to. A staff training matrix was available confirming exact dates of training. When there were suspicions of abuse they were appropriately investigated and responded to in line with the centre's policy.

A system was in place to safeguard residents' money and this system was monitored by the administrator. This system included two staff members signatures for any monies and valuables lodged or withdrawn from the secure safe. A random check of these funds showed they were accurate.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

The health and safety statement was updated in Autumn 2013. It was a comprehensive, succinct and easy to read document. However, it had not been rolled out fully and staff were unaware of it. Risk assessments were updated in Autumn 2013 as part of the health and safety statement review. The risk management policy did not include precautions to control the risk of self harm, as required by the Regulations.

The provider had taken measures to control risks in the centre. Accidents were recorded and included details of what measures were put in place to prevent a re-occurrence of the accident or incident recorded. A focus was maintained on ensuring hygiene practices were of a high standard. Paper hand towels were put in place at wash hand basins since the last inspection and an ongoing programme of training in this area was provided for staff. However, not all risks to residents were being managed effectively. For example, although there was keypad access to the sluice rooms, one sluice room was unlocked and the cupboards in this room, which contained a bottle of bleach, were also unlocked.

The provider had put fire precautions in place. A record was maintained of the visual

inspection of the fire exits carried out by staff. The inspector observed that fire exits were unobstructed. Fire extinguishers were serviced. An emergency procedure was in place in the event of a fire. Regular fire training took place and a record was maintained of this.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Arrangements were put in place to ensure safe medication management practices. There were written policies and procedures detailing ordering, prescribing, storing and administration of medicines. The procedures in place for the handling and disposal for unused or out of date medicines were satisfactory. Evidence was found of substantial compliance with residents' medicine prescriptions. They were reviewed at least three monthly by medical practitioners. Measures were in place to reduce the potential risk of medication administration error such as:

- the maximum doses for PRN (as required) medicines was stated on the prescription charts
- discontinued medicines were signed by a medical practitioner
- administration records identified where residents received their medicines in a crushed format.

A medication round was observed and practices adhered to professional guidelines. The person in charge conducted medication reviews with the GP on a regular basis. There was a good system in place for recording medications errors and near misses. Where errors occurred the GP was informed and evidence of his/her review was recorded on the medication error form. The culture being developed in the centre was one of recording such incidents, learning from such incidents and a non incriminatory approach by the person in charge to such incidents. A nurse's signature list was present in the folder of medication policies. Controlled drugs were checked at the beginning of each shift.

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A record was maintained of all incidents occurring in the centre. Quarterly reports were provided to the inspectorate as required. Other notifications, as required by the Regulations, were submitted to the Authority.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The majority of residents were under the care of one medical practice and a doctor from that practice visited the centre on a weekly basis or more frequently if required. Out of hours GP services were available. Some specialist and allied health care services were provided for such as dietetics. These were given by a food supplement company at no extra cost to residents. Chiropody services were organised on a regular basis and incurred a cost.

Since the last inspection the services of a physiotherapist were engaged on a part-time basis. An occupational therapist visited on a monthly basis. Also, since the previous inspection, a designated room for hairdressing was completed and the hairdressing service being provided had become more regular. On the day of inspection many residents were seen availing of this facility.

A personalised initial assessment of residents' health and social care needs took place. This included an assessment of the person's individual lifestyle, their psychosocial well being and their interests. These were person-centred and the details informed the resident's plan of care. The random sample of files examined showed the care plans were updated at least on a three monthly basis.

Last year it was identified by residents that the activities available in the centre needed to be improved. This had also been highlighted in previous reports. It was noted on this inspection that improvements had been made in this area. The services of an art teacher were engaged and residents who previously were not involved in any activity enjoyed this. A small knitting group was formed and requisites for this group were provided by the person in charge. Links had been developed with the local school with students visiting and a news letter published with input from the residents and the pupils. The number of outings increased and included trips to music events. Residents commented to the inspector on the improvements to the activity programme. In particular residents were pleased with the fashion show organised in the centre, the Christmas party organised for residents and their families and the performances staged in the centre by a visiting theatre company.

Some residents continued to use the services of a local day care centre. One younger resident took part in an adult education programme at the local vocational school. Residents had access to television, newspapers, radio and information on local events.

A policy on managing behaviour that is challenging was in place. Efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge. Staff had been provided with training in this since the last inspection. The use of restraint was subject to assessment, ongoing review and monitoring.

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The centre was clean, tidy, warm and organised. The actions outlined in the previous inspection in relation to the premises had, in the main been addressed. For example, several of the old beds had been replaced with more modern ones. A system was in place to check that call bells, lighting, furniture were in good repair. A record was maintained of such checks and a walk through of the premises indicated the centre was well maintained. However, a glass panel on a door which led to the enclosed garden was broken and in need of repair. Locks were placed on bathrooms doors since the previous inspection and the hairdressing salon was completed. An increased number of residents used the dining room for their meals and new decorative features such as table cloths and napkins added to the attractiveness of the dining room.

Equipment was maintained and stored to a safe standard. Records were maintained of servicing. There was a well equipped kitchen. Satisfactory environmental health officer reports were available. The laundry facility was upgraded to minimise the risk of clothes being mislaid.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Written operational policies and procedures were in place for the management of complaints. The person in charge was the person nominated to deal with complaints and she maintained details of the complaint, the results of any investigations and the actions taken. An independent person was available if the complainant wished to appeal the outcome of the complaint. From the records examined and from speaking with staff it was evident that an open approach to dealing with complaints was in place. Complaints were seen as valuable feedback which could inform improvement in service provision. The outcome of complaints was documented; this had been an issue on the previous inspection.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

Overall there was an improvement since the last inspection in how relatives and residents views informed practices in the centre. In addition to the six monthly residents' forum meetings, the person in charge and deputy person in charge had regular informal meetings with residents and relatives. The last minuted meeting was 26 September 2013. The meeting was well attended, well documented and chaired by a person from outside the nursing home staff. The improvements from the previous meeting, which was held in May 2013, were acknowledged such as improvement to the laundry service and the re instatement of a physiotherapy service. Matters discussed as needing attention included greater links with the transition year students from the local school and a greater variety of activities and a text to be sent to families when events were taking place in the centre. On this inspection it was noted many of the matters discussed at the meeting had been attended to. Non attendance to issues had been a matter of concern at the last inspection. A few items from the meeting were outstanding, such as setting up the text system for relatives. The next forum meeting was planned for December 2013 but this had been rescheduled for the end of January 2014.

The issue of locks on toilet doors had not been addressed for a long time, however, on this inspection it had been attended to. Rooms were personalised and one resident was facilitated to bring his own double bed into the nursing home. Changes were made in relation to the wearing of bibs. Large cloth table napkins were provided for residents instead and were more dignified. Attendance to these matters showed a greater respect for residents' privacy and dignity and a sign of a changing culture within the centre. However, charts referring to residents showers, bathing and other personal activities, were left unattended in a bedroom. This was a compromise of residents privacy and dignity.

Residents' religious rights were facilitated through regular visits by the clergy and the facilitation of services such as mass, rosary and sacrament of the sick. However, some of these services were broadcast through an intercom system which was heard on each

corridor in the centre. The radio was also frequently broadcast over the intercom as was the bingo activity. For those residents who were resting or did not wish to partake, this was a disturbance.

It was stated in the previous report that consideration needed to be given as to how the National Quality Standards for Residential Care Settings for Older People in Ireland could be met by 2015, in terms of changing multi-occupancy rooms to accommodation which provided more privacy and dignity. However, no progress had been made on this issue. At the time of this inspection there were five four-bedded rooms and nine twin rooms in the centre. This compromised residents' privacy and dignity. The inspector now requests a plan to be submitted with regards as to how the design and layout of the nursing home can be made suitable for its stated purpose and can meet residents' individual and collective needs in a comfortable and homely way.

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

From what inspectors observed and from what was reported by residents, there were sufficient numbers of staff on duty to attend to the care needs of residents. The staffing levels on this inspection were as follows:

8am to 2pm = 3 nurses and 9 carers = 1: 4

2pm to 8pm = 2 nurses and 6 carers = 1: 6.5

8pm to 8am = 2 nurses and 2 carers = 1:13

The person in charge, housekeeping, kitchen, administration, and maintenance staff were in addition to the above ratios. If extra staff were needed, it was within the authority of the person in charge to facilitate this at short notice. A staff rota was maintained and showed there were at least two nurses on duty at all times. This was apart from the person in charge.

Since the previous inspection there has been an increased focus on the provision of educational updates for staff. A record was maintained of training that took place and who attended. Staff were facilitated to engage in education and training outside that

provided within the centre. For example, the deputy person in charge was undertaking a management course which was being supported by the provider, the person in charge was undertaking a course in nursing home standards and a newly recruited nurse was facilitated to undertake training in the taking of bloods.

Staff meetings were held and the minutes of these meetings were seen. Administrative and receptionist duties were covered by the person in charge one day per week as administrative support was only provided for on a part-time basis. This was identified previously as an area which would benefit from greater support.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Maria Goretti Nursing Home
Centre ID:	ORG-0000417
Date of inspection:	20/01/2014
Date of response:	03/04/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The revised health and safety statement had not been implemented. Staff were unaware of it.

Action Required:

Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

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

This will be addressed with all staff at staff meeting before the 30th April, 2014.

This written policy will be completed and rolled out to all staff by May 30th, 2014.

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

There is a emergency policy in place with fire evacuation incorporated.
Proposed Timescale: 30/05/2014 Theme: Safe Care and Support The Registered Provider is failing to comply with a regulatory requirement in the following respect: The risk management policy did not cover the precautions in place to control the risk of self harm. Action Required: Under Regulation 31 (2) (c) you are required to: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm. Please state the actions you have taken or are planning to take: These risk assessment will be in place by May 30th 2014 and shared with all staff at staff meetings.
Proposed Timescale: 30/05/2014 Theme: Safe Care and Support The Registered Provider is failing to comply with a regulatory requirement in the following respect: A sluice room which contained hazardous chemicals was unlocked. Action Required: Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre. Please state the actions you have taken or are planning to take: Keypad system in place. Locked when unoccupied by staff with immediate effect. Sign on door to reiterate same.
Proposed Timescale: 27/03/2014

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: A glass panel on a door which led to the enclosed garden was broken and in need of repair. Action Required:

Under Regulation 19 (3) (b) you are required to: Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

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

Replaced on 14th February 2014.

Proposed Timescale: 14/02/2014

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:

A plan is to be submitted with regards as to how the design and layout of the nursing home can be made suitable for its stated purpose and can meet residents' individual and collective needs in a comfortable and homely way and in a manner which accommodates each resident's privacy and dignity.

Action Required:

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

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

The four partners will meet regarding this aspect of service delivery by May 30th, 2014 and examine this recommendation.

Proposed Timescale: 30/05/2014

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Charts referring to residents showers, bathing and other personal activities were left unattended in a bedroom.

Action Required:

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

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

These lists are removed from 28th March 2014.

Proposed Timescale: 28/03/2014