

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Queen of Peace Nursing Home
<b>Centre ID:</b>	OSV-0000379
<b>Centre address:</b>	Churchfield, Knock, Mayo.
<b>Telephone number:</b>	094 938 8279/ 094 938 8659
<b>Email address:</b>	queenofpeacecare@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	MMM Partnership
<b>Provider Nominee:</b>	Gerard Meehan
<b>Lead inspector:</b>	Patricia Tully
<b>Support inspector(s):</b>	Louisa Power;
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	27
<b>Number of vacancies on the date of inspection:</b>	5

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

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

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

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

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

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

**The inspection took place over the following dates and times**

From: 25 September 2014 09:20 To: 25 September 2014 17:40

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

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

**Summary of findings from this inspection**

Inspectors met with residents and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, and policies and procedures. As the person in charge had changed since the last inspection, an interview took place with the person in charge.

While there was evidence of some improvements in response to the significant number of actions identified on the previous inspection, further improvement was required to meet the requirements of 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.

The person in charge was now fulltime with the appointment of a new person in

charge however, the person was still familiarising herself with the role and the responsibilities as required by the regulations.

Environmental issues had been addressed, such as, safe access to fire exits and the polytunnel and safe water temperature.

Improvements were still required in the areas of information for residents, governance and management, health and safety, risk management, medication management, the use of restraint, documentation to be kept at the designated centre and review of staffing over the 24 hours to ensure adequate care was provided at all times.

The findings are covered in the report under the relevant outcomes and improvements required with the provider's response are included in the Action Plan at the end of the report.

**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):**

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

**Findings:**

The statement of purpose consisted of a statement of the aims, objectives and ethos of the designated centre and a statement as to the facilities and services which are provided for residents.

The statement of purpose had been amended but required additional minor changes to reflect Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 for example, the name of the current person in charge was not correct in one section and the description of the manner in which care is provided to meet the diverse needs and age of residents needed amending.

**Judgment:**

Non Compliant - Minor

***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):**

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

**Findings:**

There was a clearly defined management structure that identified the lines of authority and accountability. However, management systems in place did not ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored as evidenced by the findings in outcomes 5, 7, 9 and 11.

While there was some monitoring of quality and safety of care, there was evidence of poor learning from the monitoring carried out. For example, the inspectors were not satisfied of the validity of the medication management audits as the audits did not identify issues identified by inspectors during the inspection.

Consultation with residents and their representatives and the centres resources were not reviewed on this inspection.

**Judgment:**

Non Compliant - Moderate

***Outcome 03: Information for residents***

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

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

Residents confirmed that they had a contract but not all were clear what the contract contained.

The provider had revised the contract template since the last inspection, which outlined the services to be provided however, some services were not clearly specified. In addition, the contracts did not clearly set out the fees being charged.

A guide in respect of the centre was available to residents. The provider had amended the guide since the last inspection however, further amendment was required.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

There was a person in charge of the designated centre who was qualified and experienced in the area of health or social care.

She had a minimum of three years experience in the area of nursing of the older person within the previous 6 years. She demonstrated sufficient clinical knowledge and knowledge of the legislation and her statutory responsibilities. Residents could identify the person in charge.

The person in charge was engaged in the governance, operational management and administration of the centre on a daily basis. However, the newly appointed person in charge was still familiarising herself with the role and the responsibilities thereunder as required by the regulations.

A number of actions under the responsibility of the person in charge, from the previous inspection had not yet been implemented. The person in charge stated that she had prioritised medication management and administration however, further improvement was required as covered in outcome 9.

**Judgment:**

Compliant

**Outcome 05: Documentation to be kept at a designated centre**

***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

General records related to complaints, records of visitors, duty rosters and fire safety training, tests and maintenance of fire fighting equipment were maintained in the centre. The action in regard to the directory of residents had been addressed.

Centre-specific policies had been reviewed as stated by the provider in his response to the actions required from the previous inspection. Not all policies were reviewed on this inspection. The person in charge stated she had reviewed the policies, procedures and practices, which was confirmed by the signatures viewed on policies. Policies required further improvement to ensure the changing needs of residents are met by the content and implementation of the centre's policies. For example, the policy on medication management did not reflect practices in the centre in relation to medication delivery and documentation of refused medications. Staff were observed operating outside of the policy and not in line with best practice.

Further improvement was required to the 'Abuse Policy' in that roles and responsibilities of key personnel and who allegations and suspicions were reported to were not clearly specified. For example, the policy referred to the roles and responsibilities of the service provider and the person in charge, the next paragraph referred to the DON/Manager. Staff were then requested to report allegations of abuse by the DON to the manager but there was no other identified manager in the centre. The detail in regard to reporting allegations to the Authority was contradictory as it referred in one section to reporting allegations that have been fully investigated, while another section correctly referred to reporting any allegation, suspicion or confirmed abuse within the three day notification requirement. The document contained information on recruitment and selection and protected disclosure that is best dealt with as separate policies and procedures which can be reference in the document. The provider reported in his response to an action required that the flow chart contained in the same policy had also been edited to allow clear, interpretation of the required steps. However, the flow chart outlining the process regarding allegations of abuse was not sufficient. It did not set out the details if an allegation was in respect of the person in charge or the provider. The policy document was hard to follow and therefore did not readily and sufficiently guide staff on the procedures to follow or describe how an allegation would be investigated.

Record keeping required improvement. The inspectors noted that medication administration records were not consistently completed and a number of administration records were ticked rather than signed by the nurse on duty. Where a prescription contained a range of doses, such as one or two tablets, the inspectors saw that the nurse did not consistently complete the number of tablets given.

Care plans required improvement as identified on the previous inspection. An inspector viewed a sample of residents care plans and assessments and found significant improvements were required. Some care provided was inconsistent with care plans and some care plans and assessments had not been reviewed and kept up to date in line with residents' changing needs. In addition, inspectors were concerned the use of



restraint in the centre was not in line with national policy. Furthermore, episodes of chemical restraint were not included in the restraint register.

Insurance was not reviewed on this inspection.

**Judgment:**

Non Compliant - Moderate

***Outcome 06: Absence of the Person in charge***

***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

The person in charge had not been absent from the centre. The provider and the person in charge told an inspector that they were in the process of recruiting a clinical nurse manager (CNM) who would support the person in charge in her role and deputise in her absence.

**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:**

There were measures in place to safeguard residents and protect them from abuse.

There policy and procedures for the prevention, detection and response to abuse had been reviewed and updated. Further improvement was required to the policy, which is covered in outcome 5.

The provider and person in charge reported that staff had been trained in the policy and procedures in place for the prevention, detection and response to abuse. There were no reported incidents, allegations or suspicion of abuse at the time of the inspection. Residents told an inspector they felt safe in the centre.

There was a policy on, and procedures in place, for the use of restraint. However best practice was not adhered to in the use of restraint. A restraint free environment was not promoted. The use of chemical restraint was not in accordance with "Towards a Restraint Free Environment in Nursing Homes", a policy document published by the Department of Health. The inspector saw that there was no documentation to support that episodes of restraint were considered only if the potential benefit of restraint to the resident, and the risk involved if restraint is not used, outweigh the possible negative effects on the resident subject to restraint. The inspector noted that records for residents subject to chemical restraint did not include a consideration of all alternative interventions.

The policy and procedures in place for managing behaviour that is challenging was not reviewed on this inspection.

There were systems in place to safeguard residents' money. An inspector found on the last inspection that improvements were required to documentation to ensure residents' valuables were safeguarded. The balance relating to one resident was inconsistent with the record maintained. This person in charge reported that records had been updated and a new record system put in place.

**Judgment:**

Non Compliant - Moderate

***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):**

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

**Findings:**

The centre had policies and procedures relating to health and safety. However, on the day of the inspection a number of issues were identified by the inspectors and the provider including trailing cables, soiled hand gel dispensers, inappropriate storage of

oxygen cylinders and no restrictors on any windows. The risk management policy was not reviewed on this inspection.

Procedures in place for the prevention and control of healthcare associated infections were not consistent with the standards published by the Authority. The location and type of waste bins in use throughout the centre were inappropriate in the control of infection. The presence of infections was not signposted and adequate precautions were not adopted by all staff to prevent the spread of infection. Cleaning equipment continued to be stored in the sluice room as the cleaning room provided did not have plumbed water or appropriate sinks.

Laundry staff knew the laundry procedures to be followed in the event of infectious diseases.

There was a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property which the provider stated he had updated.

Arrangements were in place for investigating and learning from serious incidents/adverse events involving residents. Records of documented incidents were reviewed. Sufficient learning from incidents involving medication management had not taken place as practice observed on the day of the inspection was poor as covered in outcome 9.

Reasonable measures were in place to prevent accidents in the centre and grounds. Access to the polytunnels and from the enclosed garden had been remedied.

Suitable fire equipment was provided. However, a bedroom fire door did not have a self closing mechanism. Fire exits were unobstructed. The fire alarm was serviced on a quarterly basis and testing was observed being carried out on the day of the inspection.

There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. Staff were trained and knew what to do in the event of a fire. Fire drills were held at six monthly intervals and fire records were kept which included details of fire drills, fire alarm tests and fire fighting equipment servicing.

A staff safety representative had been delegated in response to an action from the previous inspection, which was confirmed by the provider.

Written confirmation from a competent person that all the requirements of the statutory fire authority are complied with was not available as required by the regulations for registration renewal.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Medication Management**

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

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

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

**Findings:**

The policy on medication management was made available to the inspectors had been reviewed in August 2014. Records were made available to the inspector which confirmed that staff had read and understood the policy. However, the inspectors noted that the policy did not fully reflect medication management practices in the centre; this is covered in outcome 5.

Medications for residents were supplied by a local community pharmacy. Records made available to the inspectors confirmed that the pharmacist completed a monthly review of prescriptions and stock control. A notice was displayed inviting residents and their representatives to contact the pharmacy to discuss their medications.

The inspectors noted that medications were usually stored securely in a locked room or medication trolley. However, the inspectors observed the medication trolley being left unsecured and the nurse walking away from the unlocked medication trolley.

Medications requiring refrigeration were stored appropriately. The temperature of the medication refrigerator was noted to be within an acceptable range. The temperature was monitored and recorded daily. Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation. However, the inspector noted that there were medications stored in the controlled drugs cabinet dispensed for a resident who had deceased.

The inspectors observed medication administration practices and found that the nursing staff did not adhere to professional guidance issued by An Bord Altranais agus Cnáimhseachais; this is covered in outcome 11.

There were detailed protocols in place for the use of buccal midazolam for the treatment of status epilepticus and nursing staff demonstrated adequate knowledge of these protocols. However, the nurse on duty was not able to locate the stock of buccal midazolam when requested by the inspectors; this is covered in outcome 11.

Staff reported and the inspectors saw that it was not practice for staff to transcribe medication and no residents were self-administering medication at the time of inspection.

Records made available to inspectors confirmed that appropriate and comprehensive

information was provided in relation to medication when residents were transferred to and from the centre.

A medication management audit were had been completed in April 2014 and the results were made available to the inspector. Even though the audit covered a number of aspects in relation to medication management, This is covered in outcome 2.

The inspectors saw that medication incidents were identified, recorded and investigated. There was evidence of learning from medication incidents.

The use of chemical restraint was not in accordance with "Towards a Restraint Free Environment in Nursing Homes", a policy document published by the Department of Health; this is covered in outcomes 5 and 6.

The inspectors noted that medication prescription sheets were current and contained all of the required elements. Medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications. The inspectors noted that the medication administration records were not consistently completed; this is covered in outcome 5.

The inspectors were not satisfied that medications were being administered in accordance with the directions of the prescriber. The rate and frequency of oxygen administration as outlined by nursing staff did not match the directions of the prescriber on the prescription. There was evidence that medications were administered without prescriptions or authorisations in place.

Staff with whom the inspector spoke outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. However, the inspectors noted that the dates of opening were not recorded for eye preparations and nasal sprays. Therefore, staff could not identify when these medications were due to expire.

**Judgment:**

Non Compliant - Major

***Outcome 10: Notification of Incidents***

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

**Theme:**

Safe care and support

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

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

**Findings:**

A record of all incidents occurring in the designated centre was maintained. All notifiable incidents were notified to the Chief Inspector within three days.

A quarterly report was provided to the authority to notify the Chief Inspector of any incident which does not involve personal injury to a resident.

**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 assessment, care planning processes and clinical care did not accord with evidence based practice.

The inspector observed medication administration practices and found that the nursing staff did not adhere to professional guidance issued by An Bord Altranais agus Cnáimhseachais. Nursing staff did not consistently refer to the prescription to apply the five rights of medication administration (right medication, right resident, right dosage, right form and right time).

On a number of occasions throughout the medication round, the inspectors saw that nursing staff did not make a record into the medication administration record at the time of medication administration.

The nurse administering medication wore a "Do not disturb" red tabard in line with best practice to reduce distractions and disruptions during the medication round. However, the inspectors saw that the nurse left the medication round on a number of occasions to complete tasks such as answering the telephone and opening the door.

An action to improve the care plans was identified on the previous inspection. Limited progress had been made. Each resident did not have an up-to-date personalised care plan which detailed their assessed needs and choices. Each resident had not been

actively involved in the assessment and care planning process as all residents were not aware of what was in their care plan. Care was not delivered to each residents in accordance with his/her care plan. Care plans were not reviewed on an ongoing basis at a minimum of every four months.

Treatment had not been given to each resident with their consent and in accordance with the nature and extent of residents' dependencies and needs. One resident had been given treatment on two occasions that was deemed as not required by the person in charge. No satisfactory explanation was available as to why the treatment had been given.

The activities coordinator was employed to work 3 days a week for 4 hours a day to compliment activities already taking place within the home in response to an action from the previous inspection.

**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:**

The design and layout did not consistently promote residents' dignity, independence and wellbeing. While the provider stated the carpets had recently been cleaned, stains were present.

The size and layout of bedrooms were not suitable to meet the needs of residents in regards to space, clear access to ensuites. Some rooms would not accommodate specialised/assistive equipment or furniture that a resident might require.

Shared rooms did provide adequate screening to ensure

- privacy for personal care
- free movement of residents and staff
- free movement of a hoist or other assistive equipment
- free access to both sides of the bed

Residents had access to safe external grounds.

There was suitable storage for residents' belongings on request.

There was a functioning call bell system in place.

There was a separate kitchen with sufficient cooking facilities and equipment.

Residents had access to appropriate equipment which promoted their independence and comfort.

The equipment was fit for purpose and there was a process for ensuring that all equipment was properly installed, used, maintained, tested, serviced and replaced.

The equipment was not stored safely and securely as hoists were stored in bathrooms and shower rooms.

Handrails were provided in circulation areas.

Grab rails were not provided in all shower and toilet areas as appropriate.

Widow restrictors were not in place on windows.

**Judgment:**

Non Compliant - Moderate

***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):**

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

**Findings:**

The policies and procedures for the management of complaints had been reviewed and updated. The complaints process was displayed in a prominent place. Residents were aware of the complaints process. There was nominated person to deal with all complaints and all complaints were fully investigated. An appeals process had been put in place.

A record was kept of all complaints, investigations, responses & outcomes.



There was a nominated person separate to the person nominated in article 34(1) (c), who held a monitoring role to ensure that all complaints are appropriately responded to, and records are kept.

**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):**

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

**Findings:**

There were written operational policies and protocols in place for end-of-life care, which had been reviewed by the person in charge.

Residents' end of life care plans were not adequate to ensure residents' needs and wishes at end of life would be fulfilled. The person in charge told an inspector that the care plan system was new to the centre and had not been completed for all residents. This is actioned under outcome 11.

**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):**

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

**Findings:**

Food was properly served and nutritious and available in sufficient quantities. There was access to fresh drinking water and juices at all times. Meals and snacks were available at times suitable to residents.

Special dietary requirements of each resident were addressed however, there was no choice available for those residents requiring a modified diet. Residents were offered appropriate assistance in a discreet and sensitive manner and enabled to eat and drink when necessary however, terminology used by staff was not always appropriate.

The policy for the monitoring and documentation of nutritional intake was not reviewed on this inspection.

**Judgment:**

Non Compliant - Moderate

***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):**

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

**Findings:**

This outcome was not reviewed in full.

There were no restrictions on visits however, the centre did not have a room for residents to meet with visitors in private.

Privacy was not provided in shared bedrooms due to the positioning of the curtains.

**Judgment:**

Non Compliant - Moderate

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

**Theme:**

Person-centred care and support

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

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

**Findings:**

There was a policy on residents' personal property and possessions and a record was kept of each resident's personal property, which were not reviewed on this inspection. The provider stated in his response to the action required from the previous inspection, that all residents' property lists are updated on an ongoing basis.

There were adequate laundry facilities with systems in place to ensure that residents' own clothes were returned to them. Laundry staff told an inspector that each resident's item of clothing is marked following admission.

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**

Workforce

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

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

**Findings:**

Sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents were on duty during the inspection however, staffing between 21:15 and 23:00 required review as there was one nurse and one carer on duty during a time

when medication was administered. The person in charge agreed to carry out a staffing review to ensure that staffing levels were appropriate over the 24 hours.

There was a lack of clarity in regard to assigning staffing based on a modified assessment tool according to dependency levels, which the person in charge also undertook to review.

There was an actual and planned staff rota.

**Judgment:**

Non Compliant - Minor

### **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:***

Patricia Tully  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Queen of Peace Nursing Home
<b>Centre ID:</b>	OSV-0000379
<b>Date of inspection:</b>	25/09/2014
<b>Date of response:</b>	28/10/2015

### Requirements

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

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

### Outcome 01: Statement of Purpose

#### Theme:

Governance, Leadership and Management

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

The Statement of Purpose did not fully reflect Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

#### 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.

<sup>1</sup> 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:**

The statement of purpose will be reviewed and amended to reflect Schedule 1 of the Health Act.

**Proposed Timescale:** 17/10/2014

**Outcome 02: Governance and Management**

**Theme:**

Governance, Leadership and Management

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

The medication management audits did not identify all medication management issues.

**Action Required:**

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

The person in charge will review the current management systems to ensure the service provided is safe, appropriate, consistent and effectively managed in line with Regulation 23(c).

**Proposed Timescale:** 17/10/2014

**Outcome 03: Information for residents**

**Theme:**

Governance, Leadership and Management

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

Residents guide required amendment to fully meet the requirement of the regulations.

**Action Required:**

Under Regulation 20(2)(b) you are required to: Prepare a guide in respect of the designated centre which includes the terms and conditions relating to residence in the centre.

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

The residents guide will be reviewed and amended to include all matters listed under Regulation 20(2)(b).

**Proposed Timescale:** 19/10/2014

**Theme:**

Governance, Leadership and Management

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

Some services were not clearly specified in the revised contract template. In addition, the contracts did not clearly set out the fees being charged.

**Action Required:**

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

Resident contracts will be reviewed, updated & signed in line with Regulation 24.

**Proposed Timescale:** 24/10/2014

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**

Governance, Leadership and Management

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

The medication management policy did not fully reflect practices in the centre.

There policy on, and procedures in place for, the prevention, detection and response to abuse required improvement.

**Action Required:**

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

The medication policy will be reviewed and practice put into place in line with regulation 4.

The policy on prevention, detection and response to abuse will be reviewed and improvement made.

**Proposed Timescale:** 17/10/2014

**Theme:**

Governance, Leadership and Management

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

Episodes of chemical restraint were not included in the restraint register.

Medication administration records were not complete and a number of administration records were ticked rather than signed by the nurse on duty.

**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:**

Under regulation 21(1) all records set out in schedules 2,3 & 4 will be kept in the centre.

**Proposed Timescale:** 29/09/2014

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

The use of chemical restraint was not in line with the national policy on restraint.

**Action Required:**

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

The use of chemical restraint will be reviewed in line with regulation 7(3) and included in the restraint policy.

**Proposed Timescale:** 17/10/2014

**Outcome 08: 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:**

Issues identified on this inspection included trailing cables, soiled hand gel dispensers,



inappropriate storage of oxygen cylinders and no restrictors on any windows.

**Action Required:**

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

In line with regulation 26(1)(b) the risk management policy will include all risk's identified, the measures to be put in place and the actions to be taken.

**Proposed Timescale:** 17/10/2014

**Theme:**

Safe care and support

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

Sufficient learning from incidents involving medication management had not taken place as practice observed on the day of the inspection was poor.

**Action Required:**

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

Incidents occurring in the centre will be used in the future for the purpose of learning. The risk management policy will be reviewed to cover regulation 26(1)(d).

**Proposed Timescale:** 20/10/2014

**Theme:**

Safe care and support

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

Procedures in place for the prevention and control of healthcare associated infections were not consistent with the standards published by the Authority.

**Action Required:**

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

In line with regulation 27 a review of practice will take place to reflect procedures

consistent with standards for the prevention and control of healthcare associated infections.

**Proposed Timescale:** 31/10/2014

**Theme:**

Safe care and support

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

A bedroom fire door did not have a self closing mechanism.

**Action Required:**

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

In line with regulation 28(2)(i) all fire doors will have self closing mechanism's.

**Proposed Timescale:** 26/09/2014

**Theme:**

Safe care and support

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

Written confirmation from a competent person that all the requirements of the statutory fire authority are complied with was not available as required for registration renewal.

**Action Required:**

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

Written confirmation is currently being sought from a competent person, as explained to inspectors on the day of inspection. On receiving documentation in line with regulation 28(1)(c)(ii) these will be forwarded to the authority.

**Proposed Timescale:** 01/12/2014

## Outcome 09: Medication Management

**Theme:**

Safe care and support

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

The medication trolley was left unsecured and the nurse was observed walking away from the unlocked medication trolley.

**Action Required:**

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

All nurses will be reminded of the policy in place for medication management within the centre in line with regulation 29(4).

**Proposed Timescale:** 29/09/2014

**Theme:**

Safe care and support

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

The administration of medications was not always in accordance with the prescriber's instructions and medications were given without a prescription or authorisation in place.

**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:**

In line with regulation 29(5) medicine products will only be administered in accordance with the directions of the prescriber/pharmacist.

**Proposed Timescale:** 26/09/2014

**Theme:**

Safe care and support

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

Medications were stored in the controlled drugs cabinet that had been dispensed for a resident who had deceased.

The dates of opening were not recorded for eye preparations and nasal sprays; staff could not identify when these medications were due to expire.

**Action Required:**

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

All medication no longer used/out of date will be segregated and disposed of in line with policy.

Dates will be recorded on all eye & nasal sprays to indicate their date of expiry.

**Proposed Timescale:** 26/09/2014

**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:**

Appropriate care plans were not in place for each resident.

Treatment had not been given to each resident with their consent and in accordance with the nature and extent of residents' dependencies and needs.

**Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

In line with regulation 05(3) all care plans within the centre are currently under review and will be updated going forward at intervals not exceeding 4 months.

**Proposed Timescale:** 07/11/2014

**Theme:**

Effective care and support

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

Nursing staff did not consistently refer to the prescription to apply the five rights of medication administration.

Nursing staff did not make a record into the medication administration record at the time of medication administration.

The nurse inappropriately left the medication round on a number of occasions to complete tasks such as answering the telephone and opening the door.

**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:**

In line with regulation 6(1) current practice will be reviewed.

A review of the medication management & administration procedure within the centre will take place in line with regulation 5 and An Bord Altranais agus Cnáimhseachais's professional guidelines.

Nursing staff will be reminded of the policies and procedures in place within the centre.

**Proposed Timescale:** 31/10/2014

**Theme:**

Effective care and support

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

Staff did not know the location of rescue medication required in the event of a seizure.

**Action Required:**

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

All staff are now aware of the location in which medication is stored, although on the day of inspection the nurse on duty could not locate the medication in question.

**Proposed Timescale:** 25/09/2014

## 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:

The premises did not conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

### 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:

Work was in progress on the day of inspection and continues to be ongoing at present. In line with Regulation 17(2) work will continue to provide premises that conform with matters set out in Schedule 6.

Works completed:

- Window restrictors have now been put in place.
- Storage for assistive equipment has been put in place.
- The amount of furniture in rooms has been reviewed to allow ease of access with assistive equipment.
- New flooring has been arranged.

**Proposed Timescale:** 06/11/2014

## Outcome 15: Food and Nutrition

### Theme:

Person-centred care and support

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

A choice of main meal was not available to those residents on a modified diet.

### Action Required:

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

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

All residents will be offered a choice at meal times in line with Regulation 18(1)(b).

**Proposed Timescale:** 29/09/2014

## 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:**

Privacy was not provided in shared bedrooms.

**Action Required:**

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

To ensure privacy and dignity screening currently in shared rooms will be reviewed and amended in line with regulation 09(3)(b).

**Proposed Timescale:** 29/09/2014

**Theme:**

Person-centred care and support

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

A private visitor's room was not available.

**Action Required:**

Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident's room, if required.

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

A private visitor room is now in place in line with Regulation 11(2)(b).

**Proposed Timescale:** 29/09/2014

## Outcome 18: Suitable Staffing

**Theme:**

Workforce

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

Clarity was required on the application of the modified tool used to determine staffing levels.

**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:**

Staffing levels between the hours of 21.15pm and 23.00pm have been reviewed and adjusted to ensure extra staffing is available at these times.

**Proposed Timescale:** 29/09/2014