



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Queen of Peace Nursing Home
Name of provider:	Queen of Peace Nursing Home Limited
Address of centre:	Churchfield, Knock, Mayo
Type of inspection:	Unannounced
Date of inspection:	01 July 2021
Centre ID:	OSV-0000379
Fieldwork ID:	MON-0033545

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Queen of Peace Nursing Home is a purpose built facility located near Knock, Co Mayo. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is constructed over two floors with residents occupying the ground floor only. Resident bedrooms are single and double occupancy. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 1 July 2021	09:00hrs to 17:00hrs	Una Fitzgerald	Lead
Thursday 1 July 2021	09:00hrs to 17:00hrs	Marguerite Kelly	Support

What residents told us and what inspectors observed

Residents and staff welcomed inspectors into the centre. Residents spoke openly to inspectors about how life was in the centre and the feedback was overwhelmingly positive. The centre had had a significant outbreak of COVID-19 in the centre and had been through a very difficult time. Residents told inspectors that staff had worked tirelessly over the past year to keep residents safe and well-minded. Residents spoken with were happy living in the centre.

Staff guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing in process, disclosure of medical wellness, hand hygiene, face covering and temperature checks. Residents and relatives who spoke with the inspectors said that they found these measures to be reassuring and necessary to ensure the safety of all persons in the designated centre.

Despite the challenges faced by the centre through the outbreak every person who communicated with the inspectors had a positive outlook to the future and expressed confidence in the service and supports available to them. Staff morale was good which helped to create a positive and happy environment for the residents. Relatives who spoke with the inspectors commended the staff on their commitment and described how their positive outlook had been a source of strength.

On the morning of inspection, residents were seen to be up and about, some having their breakfast in the dining room while others were relaxing in the main sitting room. Residents reported that the food was very good and that they were happy with the choice and variety of food offered.

Residents were observed to be moving about as they wished. There are three main corridors where resident bedrooms are accommodated. On entering the building there is a visitor room that was seen in use throughout the day. There is a large communal sitting and separate dining room. The communal area was busy with residents moving between rooms depending on what their plan was for spending the day. Residents were seen stopping for a chat with other residents or just sitting and observing the coming and goings of other residents and staff.

Throughout the day, residents were observed partaking and enjoying a number of individual and small group activities. The inspectors observed that on the day of inspection the main communal sitting room was supervised by staff at all times. The activities coordinator was seen to encourage participation and stimulate conversation. Residents told the inspectors that the activities were important to them and they enjoyed the company of each other. The observation and interaction between residents and staff was positive, engaging, patient and kind. There was an obvious, familiar and comfortable rapport between residents and staff and a relaxed

atmosphere was evident.

The provider confirmed that residents can avail of mass online. Post communication with a local parish it was confirmed that mass will be held in the centre monthly from July onwards.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, inspectors found that residents received a good standard of care that met their assessed needs. The governance and management of the centre was well organised and resourced. The provider was committed to quality improvement that would enhance and improve the daily lives of the residents.

Queen of Peace Nursing home Limited is the registered provider of Queen of Peace nursing home. The inspection was carried out to assess compliance with the Health Act 2007 following an outbreak of COVID-19 in the designated centre in December 2020. During this outbreak 31 residents and 34 staff members tested positive for COVID-19. Sadly, four residents died with COVID-19. At the time of this inspection residents and staff had completed their required period of isolation and the outbreak had been declared over by public health on 18th February 2021. The provider had rolled out the vaccination programme to all residents that had given consent. Serial testing for the identification of COVID-19 was ongoing and completed every two weeks.

At the time of the COVID-19 outbreak the Chief Inspector had received regular updates of the situation in the centre and the contingency plans the provider had in place to manage the outbreak. Measures taken to manage the outbreak and minimise the negative impact included:

- Managers and staff in the designated centre received support and guidance from the public health team. Records showed that there were arrangements in place to manage the COVID-19 outbreak in the centre, including contact with the Outbreak Control Team, which met on a regular basis.
- There were sufficient supplies of PPE, medicines and food.
- Staffing numbers on duty were significantly increased to ensure that the increased direct care needs of residents were met.
- For a four week period an external company was resourced for the purpose of cleaning

The centre had been through a very difficult time. Inspectors were assured the provider had maintained good levels of oversight to ensure that despite the challenges posed by the outbreak, a consistent high standard of quality care

continued to be provided and that the safety of the residents was maintained.

Following the outbreak the centre has had a number of changes to the governance and management of the centre. Inspectors found that there were clear lines of accountability and responsibility in the centre. Staff knew who to report to and many stated to the inspectors that they felt supported by the management. There was a newly appointed person in charge who was supported by a newly appointed assistant director of nursing. Staff who engaged with inspectors had very good knowledge of the systems in place that monitor the service. Information requested was made available in a timely manner and presented in an easily understood format.

The provider had installed a new electronic care planning system. An effective auditing schedule was in place. Audits had been completed in a number of key areas including, care plan audits, nutritional management audit, hand hygiene audits, use of restraint audits and environmental audits. Audits completed were analysed and were used to drive and sustain quality improvements. The registered provider had completed the annual review for 2020. In addition, a comprehensive post COVID-19 outbreak review and lessons learnt report had been completed.

A review of the complaint management systems in the centre found that complaints were managed in line with the requirements under regulation 34.

Regulation 15: Staffing

There was a registered nurse on duty 24 hours a day. The inspector reviewed the rotas, spoke with the residents and with the staff delivering the care.

The provider had completed a review of the staffing numbers on night duty in May 2021. As a result there was a reduction from three staff down to two on duty at night for twenty eight residents. This decision was reversed on the day of inspection. This is discussed further under regulation 28 Fire precautions.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed the mandatory training courses including safeguarding vulnerable adults and fire safety. The person in charge had ensured that all staff working in the centre had attended the required training in infection prevention and control, including hand hygiene and the donning and doffing of PPE.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found the centre was delivering a high standard of care to the residents. The management team that interacted with the inspectors throughout the day were organised and familiar with the systems in place that monitor the care. Care audits had been completed. The provider was present throughout the inspection and displayed excellent knowledge of regulation requirements. As previously stated, when possible, immediate action was taken on the day of inspection when gaps were identified.

An annual review of the service had been completed.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to submit notifications to the office of the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints at the time of the inspection. Inspectors reviewed the complaints log and found that there was a total of eleven complaints logged in 2021. Records available contained details on the nature of the complaint, investigation carried out and follow up communication with the resident and family as required. There was evidence that the outcome of a complaint was documented and this included the complainant's level of satisfaction with the result.

The complaints policy had been reviewed in January 2021 and an independent appeals process was in place. The complaints procedure was displayed at the main entrance. Residents reported feeling comfortable with speaking to any staff member if they had a concern.

Judgment: Compliant

Quality and safety

Residents' lives had been significantly impacted by the COVID-19 restrictions. However, inspectors found that the care and support residents received was of a high quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met. Some areas for improvement were identified and overall these were addressed on the day of inspection.

Inspectors found a high level of regulatory compliance. Areas for improvements which were addressed on the day included cleaning practices and the sharing of items of personal clothing. The provider agreed to organise a fire drill of the largest compartment with night time staffing levels. Interim measures were put in place to ensure the safety of residents.

The inspectors found that staff displayed good knowledge of the national infection prevention and HPSC guidance. The provider had a COVID-19 folder that contained all up-to-date guidance documents on the management of a COVID-19 outbreak. Staff had all received training in standard precautions, including hand hygiene and respiratory and cough etiquette, transmission-based precautions and the appropriate use of personal protective equipment (PPE).

The vaccination roll out in the centre and the associated benefits of full vaccine uptake among residents had provided an opportunity for further incremental changes in some public health measures, including visiting. Managers and staff were aware of the requirements to manage visiting in line with each resident's wishes and the HPSC guidance that came into effect on 04 May 2021. Inspectors saw evidence that relatives and friends were kept up to date with the changes to the visiting guidelines.

Residents had care plans which was based on an ongoing comprehensive assessment of their needs. This was implemented, evaluated and reviewed. Inspectors found that residents received a high standard of nursing care and health services to meet their needs. This was confirmed by residents when talking about their experience of care and services. The records evidenced consultations with a variety of community professional services. Residents who had a weight loss as a result of COVID-19 had a clear care plan in place for their nutritional needs and were making a recovery. Examination of a treatment plan in relation to a resident with a wound was comprehensive and detailed. General practitioners had completed on-site medical reviews throughout the outbreak. Residents had access to a physiotherapist weekly.

Regulation 11: Visits

There were arrangements in place for residents to receive their visitors in the

designated centre. Visits were pre-arranged in advance. Visiting for residents were encouraged with appropriate practical precautions to manage the risk of introduction of COVID-19 with protective measures. Visitors were asked to complete a COVID-19 questionnaire which included a declaration that they have no symptoms and underwent a temperature check before entering the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Overall the provider was committed to providing a good laundry service. Despite this inspectors found that the system in place to manage residents' personal laundry required improvement. Inspectors found that residents personal items of clothing were shared between residents.

Judgment: Not compliant

Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1). The local risk register that was kept under review by the person in charge was comprehensive and detailed. The risk register identified risks and included the additional control measures in place to minimise the risk.

Judgment: Compliant

Regulation 27: Infection control

Overall the building was found to be visibly clean. Despite this the following areas required review:

- The new color coded cloth mopping system that was introduced was not fully implemented. For example; the mops were left soaking at night in cleaning solution. This meant that the effectiveness of the solution was compromised to clean to the required standard.
- Mop heads and items of laundry that require a commercial wash were routinely washed in the domestic washing machine. This was a risk as assurances could not be provided that the machine achieves the required disinfection temperature.
- There was one cleaning trolley which was utilised in all areas of the centre. In

an outbreak, this increases the risk of cross contamination from positive to negative areas.

- Facilities for and access to clinical hand wash sinks in the areas inspected were less than optimal. There was a limited number of hand wash sinks in the centre and many were dual purpose. The majority of the available hand hygiene sinks did not comply with current recommended specifications.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors were not assured that there were adequate night time staffing in place for evacuating all residents in the event of fire in the centre and the safe placement of residents, particularly in relation to evacuation from the zone accommodating ten residents. Night time staffing levels had been reduced in May 2021. As previously stated this was addressed on the day of inspection and an additional member of staff was rostered on duty.

A simulated drill of the largest compartment to reflect night time conditions had not been completed. The provider committed to review the compartment size and complete a fire drill to reflect night time staffing numbers factoring in the dependencies of the residents. This will be addressed in the compliance plan response.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. Comprehensive assessments were completed and informed the care plans. There was evidence of ongoing discussion and consultation with the families in relation to care plans. Care plans were maintained under regular review and updated as required.

Judgment: Compliant

Regulation 6: Health care

The inspectors found that residents had access to appropriate medical and allied health care support to meet their needs. Residents had a choice of general practitioners (GP). As a contingency arrangement to prevent the spread of infection, there was a reduction in GP movement throughout the centre during the outbreak.

Visiting by health care professionals had resumed at the time of inspection. There was a physiotherapist who visited the centre weekly and services such as occupational therapy, speech and language therapy and dietetics were also available remotely if required.

The inspectors found that the system in place that records the medical resuscitation status of residents was accurate. This information was retrievable in a timely manner to ensure best outcome for residents as per their medical status.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate and there was good evidence to show that the centre was working towards a restraint-free environment in line with local and national policy. Records showed that where restraints were used these were implemented following robust risk assessments and alternatives were trialled prior to use.

At the time of inspection there was a small number of residents that had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Care plans reviewed were person centered and guided care.

Judgment: Compliant

Regulation 9: Residents' rights

All residents who spoke with the inspectors reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected. Inspectors spent time observing residents and staff engagement. The atmosphere in the centre was calm, relaxed and welcoming. Residents looked well-groomed and content and those who spoke with the inspectors confirmed that they were empowered to live a fulfilling life within the limitations imposed by national guidelines.

Residents spoken with said they understood the reasons for restrictions. They all commended the staff for supporting them throughout the outbreak, and ensuring

that they could maintain regular contact with their families. Relatives who met the inspectors also shared this view and praised the staff for their compassion and efforts to maintain and enable contact. Residents had access to internet services and video messaging to facilitate them to stay in contact with their families and keep up to date on the news.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Queen of Peace Nursing Home OSV-0000379

Inspection ID: MON-0033545

Date of inspection: 01/07/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Regulation 12 – All personal items will be tagged with a new tagging system, hence moving forward all personal items will be individualized to prevent any cross contamination. Any spare clothing items have been removed to prevent cross infection between residents.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Regulation 27 –To come into compliance All colour coded mopping system has being fully implemented and no mops are left soaking at night.</p> <p>All colour coded mopping heads are now being washed in commercial washing machine at 65 degrees which achieves the required disinfection temperature.</p> <p>An extra domestic /cleaning trolley has been sourced to prevent cross contamination from positive to negative areas in conjunction with Covid 19 Emergency plan and good infection control practices.</p> <p>New clinical Stainless steel hand wash sinks units have been ordered to comply with current recommended specifications, awaiting delivery.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Regulations 28 – Night time staffing levels have been increase as of 01/07/2021 which remains in place.</p> <p>A simulated fire drill of the largest compartment was completed zone A was done on 03/07/2021.</p> <p>A fire risk assessment of compartment has been achieved with the dependencies levels of the residents in zone A our biggest zone was fully evacuated in a time of 12 mins 38 seconds to a safe zone, bedroom where smoke detector was activated was evacuated in a time of 2 mins 12 seconds to safe zone and every other bedroom after this in a safe manner for residents and staff.</p> <p>REDUCING EVACUATION TIME FOR SAFE EVACUATION</p> <ol style="list-style-type: none"> 1 SIZE OF COMPARTMENTS 2 NUMBER OF PROTECTED ROOMS IN EACH COMPARTMENT 3 NUMBER OF RESIDENTS AND DEPENDENCY LEVELS IN EACH ROOM 4 STAFFING AND EQUIPMENT TO EVACUATE RESIDENTS FROM EFFECTED AERA . 5 DAYTIME AND NIGHT-TIME STAFFING LEVELS. 6 ALTERNATIVE ESCAPE ROUTES FROM COMPARTMENTS. 7 TRAVEL DISTANCES TO SAFE ZONES. <p>This compliance plan response from the registered provider did not adequately assure the chief inspector that the actions will result in compliance with the regulations.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(b)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that his or her linen and clothes are laundered regularly and returned to that resident.	Not Compliant	Yellow	02/07/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	16/07/2021

Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	14/07/2021
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