

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Eunan's Nursing Home
Centre ID:	OSV-0000392
Centre address:	Rough Park, Ramelton Road, Letterkenny, Donegal.
Telephone number:	074 910 3860
Email address:	steunansnh@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St. Eunan's Nursing and Convalescent Home Limited
Provider Nominee:	Denis Fitzpatrick
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	41
Number of vacancies on the date of inspection:	1

About Dementia Care Thematic Inspections

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

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

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was 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: 19 December 2016 08:00 To: 19 December 2016 17:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Statement of Purpose		Compliant
Outcome 05: Documentation to be kept at a designated centre		Compliant
Outcome 04: Suitable Person in Charge		Compliant
Outcome 07: Safeguarding and Safety		Substantially Compliant
Outcome 08: Health and Safety and Risk Management		Substantially Compliant
Outcome 09: Medication Management		Compliant
Outcome 11: Health and Social Care Needs		Compliant
Outcome 13: Complaints procedures		Substantially Compliant
Outcome 18: Suitable Staffing		Compliant

Summary of findings from this inspection

All information, including notifications received by the Health Information and Quality Authority (HIQA) since the last inspection was followed up. The action plan response to the previous inspection in July 2015 was also followed up and found to have been addressed with the exception of one action relating to structural improvements in the laundry.

This inspection identified good governance and management systems in place, with adequate arrangements available to meet the health and social care needs of residents.

Residents engaged readily with inspector and the verbal and feedback from residents, relatives and staff was positive in relation to the care, services and

arrangements provided.

There was evidence of good practice in a range of areas. The premises, facilities, furnishings and décor were of a good standard. Staff interacted well with residents and in a respectful, responsive and appropriate manner. Staff demonstrated very good knowledge of residents' needs, likes and preferred daily routine.

Nine outcomes were inspected. Six outcomes were judged as compliant with the regulations and three outcomes as substantially in compliance with the regulations. The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose detailed the aims, objectives and ethos of the centre. It outlined the facilities and services provided for residents and contained all information in relation to the matters listed in schedule 1 of the regulations.

The provider understood that it was necessary to keep the document under review.

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):

No actions were required from the previous inspection.

Findings:

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were stored and maintained in a secure manner. Samples of records were reviewed by the inspector. These included records relating to fire safety, staff recruitment and residents' care. Records required by the regulations viewed included; Incidents, falls and accidents, physical restraint management (the use of bedrails) and correspondence to or from the designated centre relating to each resident.

The directory of residents included all the information specified in Schedule 3. The details of the most recent transfer of a resident to hospital and death were updated in the directory.

A sample of staff files to include the files of the most recently recruited staff were reviewed. The files were examined to assess the documentation available, in respect of persons employed. All the information required by schedule 2 of the regulations was available in the staff files reviewed. The records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval:

Judgment:
Compliant

Outcome 04: Suitable Person in Charge

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

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Notification of a change of a person in charge was received in November 2016. The governance arrangement, operational management and administration of the centre on a consistent basis is suitable to ensure safe quality care.

The centre was being managed by a suitably qualified and experienced nurse. The person notified has deputised in the recent past within the centre and will fulfil the role temporarily until the newly appointed person in charge commences in her role.

The current deputising person in charge is a registered general nurse with extensive experience of working with older people and works full time. During the inspection she demonstrated that she had knowledge of the regulations and standards pertaining to the care and welfare of residents.

There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge.

There were sufficient resources to ensure the delivery of care in accordance with the statement of purpose. There was evidence of investment in the continued upgrading of the facilities and services, professional development of staff and rostering of staff to meet residents' care needs.

There is a system to review the quality and safety of care and quality of life in place. Management had systems in place to capture statistical information on the use of night sedation, psychotropic medicines, the use of restraint and any falls or accidents sustained. Quality improvement initiatives were identified for each area reviewed.

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):

No actions were required from the previous inspection.

Findings:

There were effective and up to date safeguarding policies and procedures in place. Staff who spoke with the inspector demonstrated a good understanding of adult protection matters and were clear about their responsibility to report any concerns or incidents in relation to the protection of residents.

The person in charge has completed a Train the Trainer course in safeguarding and provides training to all the staff. There have been no notifiable adult protection incidents which are a statutory reporting requirement to HIQA since the last inspection.

Through observation and review of care plans it was evidenced staff were knowledgeable of residents' needs. Because of medical conditions, some residents showed behavioural and psychological signs and symptoms of dementia (BPSD). There is a policy on the management of responsive behaviour. Care plans were in place for any residents with responsive behaviours.

Efforts were made to identify and alleviate the underlying causes of residents responsive behaviour. Psychotropic medications were monitored by the prescribing clinician and

regularly reviewed to ensure optimum therapeutic values. There was good access to the psychiatry of later life team. The community mental health nurse visited the centre regularly to review residents. A small number of residents were under the care of the general adult psychiatry team and they visited routinely. There was evidence in files of changes being made to medications and alternatives being trialled to ensure optimum therapeutic values.

Twenty three staff had received training in responsive behaviours in May 2016. However, a small number of additional staff were identified as requiring training including new staff who commenced work in the recent past.

In line with national policy a restraint free environment was promoted. There was a policy on physical restraint management (the use of bedrails and lap belts) in place. At the time of this inspection there were no bedrails or lap-belts in use.

Judgment:

Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

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

Findings:

A risk management policy and a health and safety statement were available. The risk management policy included the arrangements for the identification, recording, investigation and learning from serious incidents.

Policies were also available to provide guidance to staff on specific areas required by the legislation including the risks of absconding, assault, self harm and accidental injury.

Work to increase the size of the laundry as required by the action plan of the last inspection was not completed. There remain insufficient space to mitigate the risk of cross infection in the laundry area. The provider has arrangements finalised to change the structural layout.

A policy on infection control was available. Hand gels were located along corridors. However, clean bed linen and towels were stored on open shelving on the corridors in two separate areas posing a risk of cross infection.

The premises was clean and staff spoken with explained the cleaning procedures. They

outlined the daily cleaning system and explained a more thorough cleaning was undertaken in each bedroom on a regular cycle. There was a sufficient number of cleaning staff rostered each day.

A fire safety register was maintained and precautions against the risk of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced in accordance with fire safety standards. Fire safety checks were completed by staff on a weekly and monthly basis to ensure fire safety equipment was operational and functioning. Fire exits were checked daily and automatic door closers weekly.

On the day of inspection fire exits were unobstructed. Staff were trained in fire safety and those who spoke with the inspector knew what to do in the event of a fire. Training included practising a mock fire drill with staff responses and evacuation monitored.

There was a contract in place to ensure hoists and other equipment including electric beds and air mattresses used by residents were serviced and checked by qualified personnel to ensure they were functioning safely.

Restrictors were fitted to windows. The temperature of radiators and dispensing hot water did not pose a risk to residents safety.

En-suite showers in some bedrooms did not have grab-rails fitted to both walls of the showers to promote residents safety and independence.

The management of clinical issues such as falls were guided by policies and practices. Risk assessments are undertaken to mitigate and reduce the risk of falls. All falls sustained by residents were audited periodically. A post incident review was completed in the immediate aftermath of a fall to identify any contributing factors for example, suspected infection or the impact of changes from medication.

Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Each resident's moving and handling needs were identified to include the type of hoist and sling size.

Judgment:
Substantially Compliant

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):

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

Findings:

There was a policy on the management of medicines which was centre-specific and in line with legislation and guidelines. Systems for the prescribing, receipt, administration, storage and accounting for medicines were satisfactory. Medicines were being stored safely and securely in a room which was locked at all times.

Nursing staff transcribed all prescriptions. Transcribed prescriptions were countersigned by a second nurse in each of the sample of records examined in accordance with An Bord Altranais guidance on medicine management.

There was photographic identification on the front of each resident's drug card. The prescription sheets were legible and neatly maintained. This was an area identified for improvement in the action plan of the previous inspection.

There was evidence of general practitioners (GPs) reviewing residents' medicines on a regular basis. An audit of the medicines management system was carried out by the pharmacist.

Medicines were being crushed for some residents at the time of this inspection. Drugs being crushed were signed by the GP as suitable for crushing.

The administration sheets viewed were signed by the nurse following administration and recorded the name of the drug and time of administration. Medicines were administered within the prescribed timeframes. There was space to record when a medicine was refused on the administration sheet.

The system for storing controlled drugs was secure. Controlled drugs were stored safely in a double locked cupboard. Stock levels were recorded at the beginning and end of each shift in a register. The inspector examined a sample of medicines and this corresponded to the register.

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:

Person-centred care and support

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

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

Findings:

Each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care. A pre-admission assessment was completed by the person in charge to ensure the care needs of each prospective resident can be met.

On admission a comprehensive assessment of needs is completed. There was a documented assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores, continence needs and mood and behaviour. Risk assessments were regularly revised. There was good linkage between risk assessments and care plans developed.

There were plans of care in place for each identified need. Arrangements were in place so that each resident's care plan was kept under formal review as required by the resident's changing needs or circumstances and was reviewed no less frequently than at four-monthly intervals. The development and review of care plans was done in consultation with residents or their representatives.

Clinical observations such as temperature, blood pressure and pulse were assessed monthly.

Eleven residents were identified at risk of developing pressure ulcers had specific equipment in place to mitigate the risk, such as repositioning regimes, pressure relieving mattresses and cushions to protect skin integrity. Wound care plans and records were updated to reflect the status of the wound following each dressing. The interventions used in practice were outlined in the related care plans. There were two wounds which were slow to heal. Further reviews from a clinical nurse specialist were not sought to provide guidance in interventions to promote healing.

Residents had good access to GP services and out-of-hours medical cover was provided. Newly admitted residents were reviewed by the GP within a short time frame of admission. Access to allied health professionals including dietitian and speech and language therapist was available to residents. Chiropody and optical services were also provided on referral.

All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly.

The inspector observed mealtimes including breakfast, mid-morning refreshments and lunch. The majority of the residents attended the dining room or day sitting room for their main meals. Residents were offered a varied, nutritious diet. The menu cycle was rotated every three weeks and facilitated the preferences of individual residents.

There were sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. There was an emphasis on residents' maintaining their own independence. Meals were served in accordance with each resident's dietary requirements including those on modified consistency and special diets. Residents were highly complimentary of the food served. Cold drinks including juices and fresh drinking water were readily available throughout the day.

A record of residents who were on special diets such as diabetic, fortified diets or those requiring a modified consistency or fluid thickeners was available for reference by all staff and kept under review. Staff had completed training on safe feeding practices for those with swallowing difficulty.

Records of weight checks were maintained on a monthly basis and more regularly where significant weight changes were indicated. Residents were prescribed supplements to help maintain a healthy nutritional status. Access to a dietitian and a speech and language therapist was available to obtain specialist advice to guide care practice and help maximise residents maintain a safe healthy and nutritional status.

Judgment:

Compliant

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a written operational policy and procedure relating to the making, handling and investigation of complaints. This was displayed in a prominent position and outlined in the residents' guide and statement of purpose

A designated individual was nominated with overall responsibility to investigate complaints within the centre. The timeframes to respond to a complaint, investigate and inform the complainant of the outcome of the matter raised by them was detailed in the policy.

A complaints log was in place. This detailed the nature of complaints brought to the management team, the action taken to investigate and resolve issues raised. However, the complainants' satisfaction with the outcome of the issue raised by them was not clearly documented in all cases.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

The centre maintained policies on recruitment, training and development of staff.

There was an adequate complement of nursing and care staff on each work shift. Staff had the proper skills and experience to meet the assessed needs of residents at the time of this inspection. The supervision arrangements and skill-mix of staff were suitable to meet the needs of residents taking account of the purpose and size of the designated centre.

There is a minimum of two nurses rostered each day from 8.00am until 10.00pm. In addition the person in charge is rostered full time over a five day period. There is one nurse each night supported by two care assistants. There is a sufficient number of care assistants rostered throughout all parts of the day to meet residents care needs in an inclusive way and ensure person-centred care.

Staff were seen to be supportive of residents and responsive to their needs. Residents in reclining chairs had their feet well supported. Care staff were very attentive to residents' personal appearance and grooming. The inspector spoke to residents who were complimentary of the management team, the staff group and were very happy with the standard of care provided to them and attention to their needs.

All nurses had records confirming their active registration with An Bord Altranais agus Cnáimhseachais na hÉireann.

A training matrix was maintained to identify each staff members training requirement. This assisted the management team maintain oversight and plan refresher training updates. Mandatory training required by the regulations for all staff was met and updated on an ongoing basis. Attendance at cardio pulmonary resuscitation training was facilitated.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St. Eunan's Nursing Home
Centre ID:	OSV-0000392
Date of inspection:	19/12/2016
Date of response:	30/01/2017

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 07: Safeguarding and Safety

Theme:

Safe care and support

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

A small number of additional staff were identified as requiring training in responsive behaviours, including new staff who commenced work in the recent past.

1. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour

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

that is challenging.

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

All new Staff will be trained, ongoing.

Proposed Timescale: 01/06/2017

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:

En-suite showers in some bedrooms did not have grab-rails fitted to both walls of the showers to promote residents safety and independence.

2. 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:

Grab-rails will be fitted to both walls of the showers.

Proposed Timescale: 01/09/2017

Theme:

Safe care and support

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

Work to increase the size of the laundry as required by the action plan of the last inspection was not completed.

Clean bed linen and towels were stored on open shelving on the corridors in two separate areas posing a risk of cross infection.

3. 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:

The laundry area will be increased to allow for extra storage in the laundry area.

Proposed Timescale: 01/09/2017

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The complainants' satisfaction with the outcome of the issue raised by them was not clearly documented in all cases.

4. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

The complainant's satisfaction with the issue raised will be clearly documented, ongoing.

Proposed Timescale: Completed.

Proposed Timescale: 30/01/2017