

**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:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	42
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 25 April 2017 10:00 To: 25 April 2017 18:00

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

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

Summary of findings from this inspection

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

St. Eunan's Nursing Home is a modern purpose built one storey residential care facility that can accommodate 42 residents who need long-term, respite, convalescent or end-of-life care. It is situated a few miles from Letterkenny on the Letterkenny to Ramelton road. Accommodation for residents is provided in 22 single rooms and 10 double rooms. All rooms have ensuite facilities of shower, wash hand

basin and toilet. The centre provides a comfortable and homelike environment for residents. There is appropriate communal space to meet residents' needs. At the entrance there is a reception/office area where staff are accessible to residents and visitors throughout the day. There are several communal sitting rooms that give residents a choice of where to spend their time.

A safe outdoor area is available and it is attractively cultivated with shrubs and raised beds to provide an interesting space for residents. The area is level and provided with seating so that residents can use the outdoors safely. The premises were noted to be clean, warm and maintained in good decorative condition. There were dementia friendly design features that contributed to quality of life and improved accessibility for people with dementia. These included wide hallways that were unobstructed and contrast in colours used for decoration that made walls, floors and handrails easy to distinguish.

The person in charge was appointed to this role in February 2017. They fulfilled the criteria required by the regulations in terms of their qualifications and experience. Residents confirmed that they were well cared for and said that staff were readily available when they needed assistance. There was a varied activity programme that included music sessions, discussions and quizzes. It was reviewed and changed in response to the views of residents and the changing needs of residents. The standard of catering was described by residents as very good. Food was noted to be attractively presented and meal times were well organized with plenty of time allowed for social interaction. The staff team had successfully introduced a restraint free environment and bed rails are no longer in use. This initiative has been in place over a year now and has been sustained with good outcomes for residents.

Residents and relatives confirmed that they were provided with detailed information about the centre before they moved in and said that staff completed assessments prior to admission. Prospective residents were offered the opportunity to visit the centre before making a decision to move there. Residents and relatives provided feedback on the service during conversations with the inspector and in feedback questionnaires. The inspector was told by residents that they had choices about how they spent their days. They said they could choose when they got up and went to bed and if they wished to take part in activities. Staff could describe residents' daily routines, the activities they preferred and their likes and dislikes. Residents and relatives said that staff were accessible and attended to their needs promptly. They also said that any concerns or worries they had were addressed by staff when brought to their attention.

Residents had good access to general practitioner, primary care services and to allied health professionals that included speech and language therapists, dieticians and physiotherapists. The pharmacist provided advice and guidance on medication matters at regular intervals throughout the year as well as supplying medication. A good working relationship had been established with specialist services such as the team for old age psychiatry.

The last inspection of the centre was an unannounced thematic inspection that focused on dementia care. It took place on 19 December 2016. Standards of care

were found to reflect good practice standards and there was a varied programme of social activities. There were four action plans identified for attention and these related to a need for more training on responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment., the inadequate layout of the laundry, a lack of adequate supportive equipment in some shower areas and improvement to the record of complaints. These areas were reviewed under the related outcomes and found to have been addressed. The action plan at the end of this report describes three areas of non compliance noted during this inspection and where improvements need 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 Quality Standards for Residential Care Settings for Older People in Ireland. The areas where improvements were required include the Regulation 23 annual report where more detail on improvements made to practice following audit findings was required, the layout of the complaints record where the format compromised how freedom of information requests could be managed; and contracts issued to residents which did not specify the room to be occupied.

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 was a written statement of purpose that described the service provided in the centre and the arrangements in place reflected the aims and objectives as described.

A copy of the statement of purpose was available in the centre and an up to date copy had been forwarded to HIQA with the registration renewal application.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The governance arrangements in place reflected the information in the Statement of Purpose. The provider representative, person in charge and clinical nurse managers have an established structure for the operations and management of the centre. Staff

who had responsibility for various aspects of the service had established a good communication network and the provider and others participating in the management were found to be well informed on all aspects of the service.

The inspector found sufficient resources were in place to ensure that the delivery of care and the business of the centre met appropriate standards of quality and safety. Systems were in place to ensure that the service provided met residents' needs, was safe, effectively managed and monitored. The health and safety arrangements were found to be satisfactory with good standards of cleanliness and hygiene in place, fire safety measures were found to be of a good standard and staff were observed to work safely and adhere to safe practice when undertaking moving and handling manoeuvres and in relation to infection control.

There were adequate resources available to meet the needs of residents in relation to staff, staff training, equipment and ancillary services to ensure appropriate care was delivered to residents.

There was an ongoing plan for refurbishment and redecoration and all areas viewed were found to be in good condition, decorated to a high standard and attractively furnished. Areas identified as in need of attention during previous inspections such as the laundry had been refurbished and reorganised to an appropriate standard.

The quality of care and experience of residents was reviewed regularly. There were two ways that residents could convey their views on the service. There were regular residents' meetings and direct feedback to staff and to the provider representative who was in the centre most days. Residents told the inspector that said they were free to discuss any matter during meetings and said that staff were interested in their views. Two residents said that they talked to staff regularly about the care they received and said that they had no problem raising issues if they wanted changes made. Residents said that they were "listened to" and that carers were attentive to their needs.

An annual report in accordance with Regulation 23-had been completed. This described the range of audit activity completed that included an analysis of accidents/incidents, medication management and hand hygiene practice. It also outlined how the activity schedule and facilities had been revised to take into account the needs of residents with dementia. The format of the report required review in some areas to describe how practice was improved following audit findings. For example, while all incidents and falls had been reviewed in relation to the time they took place and if witnessed or otherwise, there was no information on improvements made to practice to prevent further incidents.

Judgment:

Substantially Compliant

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a residents' guide available and this contained the information required by the regulations. The arrangements for visits, the terms and conditions of occupancy, the services provided and the complaints procedure were outlined. Residents confirmed that they had received a range of information at the time of admission and some said that information had been supplied to family members as they found it difficult to understand the paperwork. Relatives who provided feedback said that they were informed about the services and facilities prior to admission and had been able to visit the centre, view the layout including bedrooms and talk to staff before their relative was admitted.

Residents accommodated had an agreed written contract. The contracts issued included details of the services to be provided and the fees payable by the residents. The services not covered by the overall fee that may be incurred by residents for example, chiropody and hairdressing were identified. The type of room to be occupied was not identified in the contract. The provider representative was aware that this information was required and stated they intended to ensure that this information was highlighted in future contracts.

Judgment:

Substantially Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge was appointed on 1 February 2017. She was on scheduled leave when this inspection was completed. She has worked as a member of the nursing team since 2010. There was evidence that the care and welfare of residents was appropriately assessed and addressed by nurses and carers and that health and social care was provided in accordance with residents needs. The person in charge has a full time role. Residents confirmed to the inspectors that they knew the person in charge and said that

they talked to her most days and would always be able to see her if they had problems or queries. She has qualifications in palliative care and management obtained in 2012 and 2013.

She is supported by two clinical nurse managers who are also experienced nurses and who were found to be knowledgeable about the regulatory process, required notifications and residents' care needs. Both confirmed that they had completed training on the mandatory topics of moving and handling, fire safety and the prevention and detection of abuse. They had also completed training on care planning for people who have dementia in January 2017 which they said had contributed to improving the information recorded in care records and the information available to guide staff practice.

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):

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

Findings:

Measures to ensure that residents were protected from harm or suffering abuse were in place. The inspector was satisfied that there were procedures in place that ensured residents were safe and had appropriate care. Residents' and relatives' feedback forms indicated that they felt the centre provided a home that was safe, secure and protected them from harm. Two residents commented in feedback forms that they sometimes felt unsafe when residents with dementia were confused and entered rooms that were not their own. Residents told the inspector that "staff check on us frequently at night" and "were kind in their approach". During conversations other residents said that they felt safe and said this was due to the care provided by staff and the regular presence of the owner who ensures the centre is "in good order" according to one resident. Residents spoken to also said "staff respond to call bells quickly".

Access to the centre was controlled and anyone entering the building had to ring the door bell for admittance. There was a reception /office area where staff completed administration duties and dealt with telephone calls. Staff in the area could see when visitors or others on business came in and went out. There was a visitors' record that enabled staff to monitor the movement of persons in and out of the building which also

contributed to monitoring the safety and security of residents. This was noted to be signed by visitors entering and leaving the building.

Staff had received training in on elder abuse and refresher training had been provided in 2017 to ensure they could safeguard residents appropriately and protect them from harm and abuse. Staff knew the range of abuse that can occur and could describe how they would report an abuse allegation or event. They knew that support to a resident in any abuse situation was critical for their well being. Relatives said that staff informed them promptly of any falls, injuries or changes in health needs that residents sustained. At the last inspection the inspector found that a small number required training in adult protection. This had been rectified and the inspector viewed training records that confirmed that all staff now had the required training with the majority having attended refresher training in February and April 2017.

The centre had a policy on the use of restraint to ensure residents were protected from potential harm and not restricted inappropriately. Staff had successfully achieved a restraint free environment and no bedrails or restrictions were in use. This has been the position for some time in this centre and staff said that they worked to ensure that residents could be cared for safety without resort to restraint measures.

There were some residents with fluctuating behaviour patterns due to dementia or mental health problems. Staff could describe the interventions that they used to effectively address such behaviours. This included reassurance, diversion type activity and providing one- to- one care for a period of time. The inspector noted that there was appropriate management of complex care problems and that members of the primary care team and specialist mental health services were contacted to review care and advise on management where required.

Judgment:

Compliant

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The health and safety of residents, visitors and staff was well managed in this centre. There was a risk management policy available to guide staff practice and this outlined a range of environmental and clinical risks. There were risk management procedures to guide staff on how to address incidents such as missing persons, emergency situations, aggression, violence, self harm. There were procedures for the identification, recording,

investigation and learning from serious incidents or adverse events involving residents.

Clinical risk assessments were undertaken for various risks that included vulnerability to falls, compromised nutrition and skin and pressure area risks. There were measures in place to prevent further risk and to detect change. For example, when a fall occurred neurological observations were completed to monitor neurological function and to detect changes expediently so that further deterioration could be prevented. The inspector reviewed the assessment and management of falls. Residents who had frequent falls were reviewed by doctors, the falls risk assessment was updated and dependency levels were reviewed. Where there was a high falls risk and measures such as sensor mats did not prevent falls other measures including increased observations by staff and medication changes were put in place to maintain safety. Accidents and incidents were recorded and the details recorded included factual details of the accident/incident, date the event occurred, details of witnesses and whether the general practitioner (GP) and next of kin had been contacted.

The inspector reviewed practice in relation to varied health and safety processes. Day to day practice in relation to infection control, moving and handling manoeuvres and cleaning procedures was observed to determine how the procedures outlined for these areas were maintained. Staff were noted to adhere to good practice standards in relation to infection control. Laundry moved from bedrooms to the laundry area was safely managed. Staff were observed to use hand gels regularly as they moved around the centre. All staff the inspector spoke to had appropriate knowledge on hand hygiene and the infection control measures in place. Training on this topic had been provided and there were regular audits of hand hygiene practice. The inspector noted that the audits highlighted training needs and where jewellery was worn inappropriately and these areas were addressed with staff to ensure safe standards were maintained.

There was good emphasis on promoting independence and staff were observed to encourage residents to be independent and to walk even for short distances and also to undertake personal care tasks such as washing and dressing independently as far as possible. There was equipment available to support mobility and all residents had their own walking aids which had been assessed appropriate for their needs. There were moving and handling assessments available for residents with mobility problems. All staff had up to date training in moving and handling and in the use of hoists.

The inspector viewed the fire training records and found that staff had received up-to-date mandatory fire safety training and this was confirmed by staff. Staff spoken to knew what to do in the event of a fire. There were fire safety action signs on display throughout the building with route maps to indicate the nearest fire exit. Fire drills and fire training exercises were completed regularly and recorded. The inspector saw that fire drills were completed in February, March, May and November 2016 and in March 2017. One fire drill took place during the evening and included visitors present at the time.

Fire records showed that most fire safety and fire fighting equipment had been regularly serviced. Documentation confirmed that the fire alarm was serviced quarterly and the fire extinguishers serviced annually on a contract basis. The inspector found that all fire exits were clear and unobstructed during the inspection. There were procedures to

undertake and record internal safety checks of fire extinguishers, the fire panel and the fire escape routes. Information and a procedure to guide staff in an emergency had been compiled.

The provider has contracts in place for the regular servicing of all equipment and the inspector viewed records that confirmed that equipment was serviced. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs.

There were a sufficient number of cleaning staff available daily to ensure all areas were maintained in a clean hygienic condition. Separate sluice and cleaning areas were provided. Staff were knowledgeable about the use of hazardous substances and how they should be kept in a secure storage area when not in use. The inspector observed safe working practices and saw that cleaning products and materials were not left unattended.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

The medicine management system in place met the requirements of legislation. There were operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The inspector reviewed medication arrangements with one of the nurses who was also a person participating in management. She was familiar with all residents' prescribed medicines and specialist requirements in relation to administration. Medicines were observed to be administered safely in accordance with the policy and An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. The medication administration sheets viewed were signed by nurses at the time of administration.

The medicine administration records included the required information for safe practice such as the resident's name and address, date of birth, general practitioner and a photograph of the resident. The general practitioner's signature was present for all medicines prescribed and where nurses transcribed medicines there were two signatures to indicate that a check of the prescription had been undertaken. Maximum doses of PRN (medicines only administered as the need arises) was recorded.

There was evidence of pharmacy input to support safe medicine management practice. A pharmacist visits at quarterly intervals to review medicines and audits of the arrangements were also undertaken. There was regular blood screening undertaken for residents on particular medicines long term to ensure that prescriptions and dosages were at appropriate therapeutic levels.

All medication was dispensed from a monitored dosage system. Some medicines had to be crushed to meet the needs of residents and this requirement was outlined on the administration record. A list of medicines that cannot be crushed was available for staff and liquid preparations were dated when opened to ensure safe usage.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) regulations. Nurses kept a register of controlled drugs and the stock balance was checked by two nurses at each shift change.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed a record of incidents and accidents that had occurred in the centre and cross referenced these with the notifications provided to HIQA. The inspector found that the centre adheres to the legislative requirement to submit relevant notifications to the Chief Inspector.

The quarterly notifications had been submitted to HIQA as required.

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):

No actions were required from the previous inspection.

Findings:

The centre was fully occupied during the inspection. There were twenty eight residents assessed as maximum or high dependency. Seven residents had medium level care needs and seven were assessed as low dependency. Many residents were noted to have a range of medical care issues and half of the resident group had a diagnosis of dementia, cognitive impairment or Alzheimer's disease. Health and social care needs were met to a high standard and the centre had appropriate support from primary care services, allied health professionals and specialist services such as mental health and palliative care.

All residents had a care plan that was updated when care needs changed and that was reviewed at the required four month intervals. The inspector saw documentation that confirmed residents had an assessment prior to admission. Residents and families confirmed in feedback forms that they had met staff from the centre before admission who explained varied aspects of the service and provided information that helped them make the decision to move to a nursing home. Comprehensive nursing assessments were carried out following admission and a range of evidenced based assessment tools were used to determine risk in relation to falls, vulnerability to the development of pressure sores and malnutrition.

The range of risk assessments completed were used to develop care plans and these were found to convey care needs and the interventions required from staff to ensure appropriate care was delivered. The inspector found that a person-centred approach to the delivery of care had been adopted. For example, a resident's preferred name was described, the use of walking aids, ability to mobilise for short distances independently and the need for a wheelchair for longer distances. When care plans were updated there was evidence of consultation with residents or their families. Relatives' feedback indicated that they had been informed about care plans at the time of admission and at intervals throughout the year. The inspector found that care plans had been updated following periods of illness, when respiratory or other infections were present and when there was need for specialist equipment. An occupational therapy assessment was completed when specialist chairs were needed and the underlying need for such equipment was clearly outlined.

There were preventative measures in place to ensure that areas of clinical risk were monitored. All residents had a monthly weight check as well as a check of blood pressure, temperature and respiratory function. The monthly records of weight were reviewed and staff said that a referral for specialist advice would be made if weight changes upwards or downwards persisted or were a cause of concern.

A range of suitable equipment was provided to ensure appropriate pressure relief and to support residents' comfort and the inspector saw that air mattresses were set at appropriate pressures for the weight of the residents and that suitable pressure relieving cushions were available for residents' chairs during the day. Care staff repositioned residents who required assistance at suitable intervals to protect skin integrity.

There was a good emphasis on personal care and ensuring the physical care needs of residents were met. Staff were knowledgeable about residents' likes and dislikes in relation to when they had baths or showers and where they preferred to spend their time. There was good emphasis on promoting independence and residents were observed being encouraged to walk around during the day and to walk from sitting areas to the dining room. Care plans and daily records confirmed that residents were supported with the activities of daily living where needed and were encouraged to remain independent and continue to dress themselves, attend to their personal care needs where possible. Assessments of dementia care needs also included information on what residents could do for themselves, who they recognised and what activities they enjoyed. The inspector noted that there were positive outcomes for residents as they were observed to engage well in organised activity and appeared relaxed and content. There was an activity schedule and activities were noted to be meaningful and absorbing.

Residents had access to GP primary care services and allied health professionals. There was information that conveyed that medical reviews were completed shortly after admission, to review medication and health needs. Allied health professionals that included speech and language therapists, dieticians, physiotherapists and occupational therapists were accessible when required.

Residents had specialist care needs such as mental health problems were assessed and reviewed by staff from the mental health services for older people. Medication was reviewed to ensure optimum therapeutic levels to promote residents' well being. There were procedures in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was made available and shared between services. The inspector saw that staff provided details on general health, factors that prompted the transfer or review and medication when residents were for example sent for review following a change in health.

There were adequate staff on duty to ensure that residents were supervised and supported according to their needs. The inspector saw that help was provided at meal times in a way that ensured residents had relaxed and sociable meal time experiences. There were choices provided and residents were able to select an alternative if they did not wish to have a full meal. Nutrition needs were assessed and there were supplements provided where additional nutrition was needed.

Judgment:
Compliant

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):

No actions were required from the previous inspection.

Findings:

The location, design and layout of the centre was suitable for the purpose of providing care to dependent persons and the facilities were found to meet residents' individual and collective needs. The premises had a number of features that ensured the varied needs of residents were met appropriately. The building was well maintained, warm, decorated in a comfortable home like style and was visually clean. The dining room is suitable in size to meet residents' needs and is located centrally. It was noted to be well used at meal times.

There were a number of communal sitting areas where residents could spend time during the day. The inspector saw that there was a high standard of decoration and equipment and furnishings was in good condition throughout. Hallways, bathrooms and toilets had handrails to support people with mobility problems. An action plan in the last report identified that some showers did not have adequate handrails to support residents' safety. This had been addressed and additional supports had been installed. There was a range of specialist equipment such as hoists and specialist beds available. These were regularly serviced to ensure their ongoing efficiency and safety.

Bedroom accommodation comprises of 22 single ensuite bedrooms and 10 double ensuite bedrooms. Bedrooms are adequate in size and equipped to meet the comfort and privacy needs of residents. There was a call bell system in place at each resident's bed. Suitable lighting was provided including over bed lighting. Residents that the inspector talked to described their rooms as comfortable and said that the centre was always "clean and tidy" and "warm and comfortable". There are toilets located close to communal rooms for residents' convenience There is safe secure outdoor space and this is accessible to residents.

Staff facilities were provided. Separate toilet facilities were provided for care and catering staff in the interest of infection control. A number of improvements were completed by the provider during the year. The fire safety system was upgraded by the addition of new fire doors at exits and as part of compartmentalisation in hallways. The laundry area which had been identified in previous inspection reports as in need of attention was upgraded. The area had been enlarged and there are now separate entry and exits points for soiled and clean laundry to support good infection control management.

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):

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

Findings:

There was a complaints process in place and a record that contained the relevant information about complaints was maintained. Staff said that they addressed issues of concern immediately as far as possible. The record and feedback from relatives and residents provided to HIQA confirmed that concerns were addressed promptly.

There were no complaints being investigated when the inspection was undertaken.

The procedure identified the nominated person to investigate complaints and the appeals process. Residents and relatives that inspectors talked to said they were aware of the process and said that they would approach any of the staff or the person in charge if they had an issue of concern.

An action plan in the last report required that the record of complaints outlined the complainants' satisfaction with the outcome was recorded. This had been addressed and the inspector saw that staff had recorded that residents were satisfied when issues raised had been resolved.

Judgment:

Compliant

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was an end-of-life care policy that described the procedures related to end of life care. The policy of the centre is that all residents are for resuscitation unless clinical decisions have been made that indicate otherwise and all such decisions were documented.

Resident's end-of-life care preferences, personal or spiritual wishes were recorded where possible and where residents and families wished to discuss this aspect of care. Residents were supported to remain in the centre at end of life and staff were supported to provide appropriate care and pain relief by doctors and members of palliative care services.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the arrangements in place to provide residents with a varied and balanced diet that met their nutritional needs and preferences met best practice standards. There were systems in place for assessing, reviewing and monitoring residents' nutritional intake. Residents' food preferences were identified, catering staff were informed about specialist needs, and the menu choices and food were discussed at residents' meetings.

There was a food and nutrition policy in place and this was supported by a range of associated nutrition procedures that provided guidance on the management of fluids and hydration, medication management and the care of residents with conditions such as diabetes. The catering staff were enthusiastic about their roles and told the inspector about the way menus were organised and the priority that food had for residents' well being.

Residents said they were very pleased with the menus and the way food was served. Catering staff were described as helpful and always ensured that they had "something nice to eat". Two residents said that they were offered alternatives at times when they

were unable to eat a full meal. The different choices available were observed at mid day and at tea time. Catering staff could describe specific food likes and dislikes and where specialist diets were required.

The inspector observed that food was attractively presented and served in portion sizes that meet residents' choices. There were snacks and drinks available throughout the day and at night to ensure sufficient calorific intake, particularly for residents who required fortified diets and to suit residents who liked to have food outside of main meal times.

Residents who needed assistance were supported by staff who sat by them and chatted as they prompted them to manage independently or actively assisted where needed. The instructions for foods and liquids that had to have a particular consistency to address swallowing problems were outlined in care plans and made available to catering and care staff.

Nutritional risk assessments were completed and care plans were available to guide staff where residents were at risk of compromised nutrition. There was access to allied health professional advice for residents and the recommendations were outlined in care plans and noted to be followed by both catering and care staff at meal times. All residents were weighed regularly and those at risk were reviewed on a more frequent basis.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that residents were treated with dignity and respect and that there were good relationships between residents and staff. There was information in care records that described communication capacity and obstacles to communicating effectively such as difficulty hearing, vision problems or cognitive impairment.

Arrangements were in place to ensure vision and hearing was checked when problems were identified. The inspector observed that staff engaged and acknowledged residents when they met, when they entered and left rooms and during times when care was in progress. Contacts were noted to be cheerful, pleasant and respectful with plenty of general conversation in evidence.

Residents who had dementia were noted to be well supported and staff could describe to the inspector how they helped residents orientate to their environment and participate in day to day life to their maximum ability. They described giving residents' uncomplicated information, ensuring they had plenty of time to respond to questions and speaking slowly as essential to ensuring maximum responses.

There were arrangements in place for consultation with residents on the operation of the service and the records of meetings confirmed that residents' views were respected and their suggestions listened to and considered when changes were made. There was an established system for keeping in touch and consulting with residents' families. They were regularly asked to provide feedback on the service during individual care plan reviews and as part of monitoring the service.

Residents confirmed that they could follow their religious beliefs and said that they could attend mass weekly and have priests or ministers visit them in the centre. Care records contained information on religious practice. Residents were facilitated to exercise their political rights and could vote in local, European and national elections.

Visitors were welcomed throughout the day and there were no restrictions on visits. The inspector saw that visitors were welcomed at varied times. Residents had access to the television, radio and to daily and local newspapers. Staff said that residents really appreciated hearing local news and they kept them up to date with community events.

There was a range of social events and the inspector found that social care options were varied and available daily. Music sessions and particularly old time music and singing were very popular. Residents records reviewed conveyed that residents' social needs had assessed and their interests recorded. Care staff were noted to engage in one to one activity with residents who could not take part in a group activity and this was noted to be a regular aspect of care interventions.

Judgment:

Compliant

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents had adequate storage space for their belongings and many had personal possessions such as photographs, ornaments and pictures displayed in their rooms. A property record was completed by care staff on admission and the records viewed were up to date. There was a system in place to ensure all clothes were labelled to prevent loss.

The centre provided a laundry service and except family members wished to do personal laundry all clothing was laundered on site. There were staff assigned to the laundry each day of the week and there was appropriate equipment available to ensure that laundry was washed at appropriate temperatures and ironed effectively.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there was an adequate complement of nursing, care and ancillary staff on duty during the day and at night to meet the needs of residents. The shift pattern for carers was staggered so that appropriate staff were available during the early morning and late evening to facilitate residents' choices for when they wished to get up or go to bed.

There were two or three nurses on duty with the person in charge each day. They were supported by a team of eight carers. Care staff numbers were varied during the day to ensure personal and social care was provided appropriately. There was one nurse and two carers on duty from midnight. The staff team was supported by the provider who had a daily presence in the centre and by catering, household and maintenance staff.

Staff had the appropriate skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre. All staff were well informed about residents personal and health care needs and were observed to carry out their duties efficiently. They conveyed enthusiasm about

their roles and the care of dependent people and treated residents with respect and courtesy the inspector observed.

There was a policy for the recruitment, selection and vetting of staff. This was reflected in practice and evidence was available in the staff files reviewed. Interviews were conducted for all posts, there was a formal process that underpinned interviews and references, full employment records and vetting disclosures were available for all staff.

There was a training matrix available which conveyed that staff had access to ongoing mandatory training and refresher training as required by the regulations and the care needs of residents. Training on elder abuse and moving and handling had been completed during February and April 2017. Staff had also attended training on infection control, nutrition and end of life care. Nurses had completed training on medication management in March 2017.

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:

Geraldine Jolley
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:	25 April 2017
Date of response:	12 June 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 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 annual review did not outline what improvements to practice had been made in some areas such as falls incidents following findings.

1. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

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

such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

The 2016 annual review has been updated to include the improvements to practice.

Proposed Timescale: 12/06/2017

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:

The contract information supplied to residents did not include details of the type of room to be occupied.

2. Action Required:

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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

The contract format has been amended and updated to include the specific room type, e.g. Single/Double.

Proposed Timescale: 12/06/2017