



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St Colmcille's Nursing Home
Name of provider:	Fáinleog Teoranta
Address of centre:	Oldcastle Road, Kells, Meath
Type of inspection:	Unannounced
Date of inspection:	01 October 2018
Centre ID:	OSV-0005531
Fieldwork ID:	MON-0022415

About the designated centre

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

Fáinleog Teoranta is the registered provider of St Colmcille's Nursing Home. St Colmcille's Nursing Home is a single-storey, purpose-built home in a rural setting overlooking the town of Kells, Co. Meath. According to the centre's statement of purpose, it can provide care for up to 42 residents over the age of 18, with low, medium, high or maximum dependency needs. It is a mixed gender facility, providing long term care, respite, convalescence dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the unit.

There are a variety of communal spaces within the centre, as well as 21 single rooms, five ensuite single rooms and eight twin rooms.

The following information outlines some additional data on this centre.

Current registration end date:	14/06/2020
Number of residents on the date of inspection:	30

How we inspect

To prepare for this inspection the inspector or 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
01 October 2018	09:00hrs to 17:00hrs	Sheila McKeivitt	Lead
01 October 2018	09:00hrs to 17:00hrs	Leanne Crowe	Support

Views of people who use the service

Residents told us, that since the last inspection, there had been some improvements in the centre. Residents expressed satisfaction with the improved access to activities to suit their preferences. They liked the way the centre had been brightened up with fresh paint.

Those spoken with felt overall that the centre was better managed. Two residents said that at times they still had to wait a considerable length of time for their call bell to be answered by staff. They expressed dissatisfaction with this.

Some residents also told inspectors they were left too long in the dining room, sitting waiting for lunch to be served.

Capacity and capability

The governance of this centre had improved since the last inspection. The oversight arrangements were good. Processes had been implemented to ensure the quality and safety of care delivered was monitored on a continuous basis. Inspectors found improvements had been made, as outlined in the previous compliance plan response. Some further improvements were required in order to bring the centre into full compliance.

The person in charge was being supported by the health care manager, director of care services and the provider representative. The latter two attended the verbal feedback meeting with the person in charge at the end of the inspection. A new clinical nurse manager had commenced in a full-time role to support the person in charge in the day-to-day running of the centre.

An audit schedule had been developed and audits had been completed on various areas of practice. The audits reviewed indicated that a better standard of care was now being delivered to residents, which reflected the inspectors' findings. For example, the documentation audit, risk management audit, infection control audit and person-centred care audit all showed improvements in practices between June and September 2018. The residents' call bell audit findings showed that at times some residents had to wait up to five minutes for their bell to be answered. This reflected the comments made by residents and was one area where residents wanted to see improvements.

While staffing levels and skill mix were adequate on the day of this inspection to meet the needs of residents, the allocation of staff required review to ensure residents were adequately supervised at all times. Inspectors found that staffing levels at night time were adequate to meet the needs of residents. Residents were now being facilitated to participate in an activities programme Monday to Friday by a newly employed activities coordinator. Staff allocation at the weekend required

further review to ensure that activities scheduled for Saturdays and Sundays were provided to residents.

Staff had been provided with additional training in a variety of practices including infection control practices, care planning and provision of end-of-life care and administration of palliative care medicines. Staff expressed satisfaction with the new management team. They told inspectors felt supported in their work and felt they were working better as a team.

Regulation 15: Staffing

Staffing levels and skill mix were appropriate to meet the needs of residents. The person in charge and newly appointed clinical nurse manager were supervising practices. Further improvements were required in staffs' response times to answering residents call bells and the supervision of residents in the main sitting room.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre, and contained all of the information required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Systems had been developed and implemented to ensure the service provided was safe and continuously monitored by management. Sufficient resources were in place for the effective delivery of care. An annual review had been completed.

Judgment: Compliant

Quality and safety

Residents in the centre were well cared for, and the quality and safety of care provided was to a good standard. Improvements had been made in accordance to

the compliance plan response to the previous inspection report. Further improvements were required in relation to residents' care plans.

Overall, residents' assessments and care plans reflected their current status. Staff had received additional guidance and training on this area. The process followed to manage behaviours that challenge was as per the policy, and this was reflected in the care plan. Further improvements were required to ensure that, in relation to residents, each identified issue had a care plan and to ensure care plans included medications prescribed. All residents had their end-of-life wishes discussed with them and/or their next-of-kin and these were recorded in a much improved, person-centred end-of-life care plan.

Residents' religious, political and civil rights were being respected. The person in charge outlined how residents of different religions were supported to practice their respective faiths. Since the previous inspection, significant work had been carried out to improve the provision of activities in the centre. An activities co-ordinator had been recruited to devise and provide a programme of activities five days per week, in line with the residents' interests and abilities. It was ensured that this person was not responsible for any other care duties, so as not to impinge on the time dedicated to providing activities. Three communal rooms were now being used in the centre to facilitate a variety of activities, and some of these were observed on the day of the inspection. Inspectors noted that while assessments and other documentation were being completed in order to inform the activity programme, further work was required to ensure these were consistent and updated on a regular basis.

Feedback was sought from residents on a variety of topics through residents' meetings and regular surveys. A relatives' meeting also took place a number of times per year.

Further improvements were required at mealtimes to ensure residents' right to choice was respected and their independence was promoted. For example, poor practice was observed in the use of protective clothing at mealtime and residents' independence was not being encouraged or promoted.

The premises had been completely re-decorated internally. Resident bedrooms, corridors, toilets, bathrooms, the sitting and dining rooms had been freshened up with paint and/or wallpaper. Door frames, skirting boards and doors had also been repainted. Toilet and bathroom doors were painted a uniform colour to support easy identification and bedroom doors on each corridor were painted different colours. Additional signage including pictures had been put in place on corridors and outside resident bedrooms. These changes facilitated residents to find their way around the centre. Residents now had access to a new assisted bath and four showers, two of which had been re-tiled. The main sitting room had been divided from the reception area making it more private .

Risk management practices had been reviewed and the risk register now reflected all risks to residents and each risk had a plan in place to ensure the risk was minimised. Infection control practices had improved and the policy was updated

to decrease the risk of the spread of infection. Fire practices including the maintenance of the magnetic fire doors had improved. All fire fighting equipment, the fire alarm, emergency lighting and fire doors were been serviced as per best practice.

Regulation 13: End of life

Policies and procedures were in place to guide staff in providing evidence based end-of-life care to residents. Staff nurses and health care assistants had received training on the provision of holistic end-of-life care to residents.

Judgment: Compliant

Regulation 17: Premises

The premises were appropriate to meet the needs of the residents living there and in accordance with the statement of purpose. The premises conformed to matters outlined in schedule 6.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy reflected the legislative requirement. The risk register now reflected all areas of risk in the centre.

Judgment: Compliant

Regulation 27: Infection control

The infection control policy had been updated to reflect a change in practice. The procedure demonstrated to inspectors reflected that wjocj was outlined in the policy and reflected safer practice.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate precautions were taken against the risk of fires.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' assessments and care plans had improved. Further improvements in care planning were required, but it is acknowledged that the provider had stated in the previous compliance plan that this would not be fully actioned until 31 Oct 2018.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The management of behaviours that challenge had improved. The practice overall reflected policy. The practice followed was reflected in the residents' care.

Judgment: Compliant

Regulation 9: Residents' rights

Significant improvements had been made in relation to the provision of activities to residents since the previous inspection. While the rights and dignity of residents were respected, further action was required to promote the independence of residents during mealtimes.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Colmcille's Nursing Home OSV-0005531

Inspection ID: MON-0022415

Date of inspection: 01/10/2018

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC and CNM will ensure that staff are deployed appropriately, to include providing supervision to residents when they are in communal areas of the home, such as the sitting rooms.</p> <p>The PIC has updated the nurse call bell audit tool. This now establishes an acceptable time within which the call bell should be responded to; the audit will test a minimum of 10% of occupied beds, the time of day, number of staff on duty, response time and actions to be implemented to improve the speed of response, if required. The PIC will conduct the audit once a month on an unannounced basis and will provide feedback to staff in the monthly management team meeting.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: The PIC and CNM will ensure that assessments and care plans are comprehensive, person-centred and reflect accurately the care needs of each resident. The care plans will be sufficiently detailed to guide practice and will include information to guide nurses and to ensure consistency of practice regarding when ‘as required’ (PRN) medication might be considered; the resident’s record will include an evaluation of the effectiveness of PRN medication.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The PIC will ensure that resident’s right to choice is respected at all times. The practice of residents wearing protective clothing at mealtimes has been reviewed and the practice reflects the residents’ choice to wear protective clothing at mealtimes if they choose to do so. Residents will be consulted about this at each mealtime. By consulting the residents in this way, their independence is promoted and respected.</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/10/2018
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/11/2018
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	31/10/2018