

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St Fionnan's Community Nursing Unit
<b>Centre ID:</b>	OSV-0000650
<b>Centre address:</b>	Achill Sound, Mayo.
<b>Telephone number:</b>	098 450 43
<b>Email address:</b>	carole.fabby@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Michael Fahey
<b>Lead inspector:</b>	Jackie Warren
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	28
<b>Number of vacancies on the date of inspection:</b>	3

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
25 March 2015 13:30	25 March 2015 18:30
26 March 2015 10:00	26 March 2015 19:00

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

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

**Summary of findings from this inspection**

As part of this inspection, the inspector met with residents, staff members the person in charge and the provider. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector also reviewed questionnaires submitted by residents and relatives, which indicated a high level of satisfaction with the care provided.

Evidence of good practice was found throughout the service. Residents' health care needs were well met. There was a comprehensive assessment and care planning system and residents had good access to medical and health care services.

Residents rights were respected and they were supported to practice their religious beliefs and had the opportunity to vote. There was a good standard of catering and residents were offered choices at mealtimes and snacks and drinks were available at all other times. The building was warm, clean, comfortably furnished and residents had access to a safe and secure outdoor area. At the time of inspection some of the shared bedrooms were not occupied to their full capacity to increase the privacy and comfort of residents. The provider and person in charge explained that a bedroom which had previously been registered to accommodate two residents would in future be used as a single room, thus reducing the occupancy of the centre to 31.

The layout and occupancy of some bedrooms would not meet the requirements of the Regulations and Standards by 1 July 2015, and required improvement. The provider, in consultation with the person in charge and the estates department in the Health Service Executive had developed a plan to address this. Structural work was due to commence later in 2015.

Some improvement was required to the recording of accidents and health care interventions. In addition, the fire evacuation notices required some further development to accurately reflect practice in the centre. The inspector also found that the assessment and care planning for the use of bed rails and disposal of some unused medication required some improvement.

The provider and person in charge stated at the feedback meeting that the identified issues would be addressed.

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

***Outcome 01: Statement of Purpose***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There was a suitable and informative statement of purpose that met the requirements of the Regulations. It outlined the aims, mission and ethos of the service and clearly described the service provided.

**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 management structure in place ensured the effective governance of the service. There was a clearly defined management structure that identified the lines of authority and accountability. The provider is the Health Service Executive (HSE), represented by the manager for older persons services in the Mayo area. The provider held monthly accountability meetings with the directors of nursing in the Mayo area, which the person in charge attended. The directors of nursing for HSE older persons services in Mayo,

Galway and Roscommon also met approximately every two months to exchange views and information. The provider came to the centre every three/four weeks to meet with the person in charge. The person in charge also confirmed that she was in frequent contact with the provider and could contact him at any time. The person in charge was supported by a clinical nurse manager, who had been appointed since the last inspection. The staff team also included nurses, care staff, multi-task attendants, catering, maintenance, and recreation and administration staff.

The provider was present during the inspection and discussed plans for improvements to the building. The provider also ensured that adequate resources were available for staff training and development.

There were systems in place to review the quality and safety of care as well as satisfaction with the service provided. These included consultation with residents and their representatives, auditing of systems such as falls, hand hygiene, food, nutrition, weight management and recreation/activity. For example, the person in charge was undertaking monthly falls reviews, which identified trends such as times and locations of falls, and had introduced improvements to reduce the risk of falls to residents. There was also on-going staff training and staff meetings.

There were no resource issues identified on this inspection that impacted on the effective delivery of care in accordance with the statement of purpose.

**Judgment:**

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:**

The person in charge and provider had ensured that the required information was supplied to residents. There was an informative guide for residents that included the required information.

The person in charge confirmed that each resident had a written contract agreed on admission. A sample of contracts read by the inspector set out the services to be provided, all fees being charged to the resident and were suitably signed and agreed.

In addition, there were notice boards in prominent places in the centre where information was displayed for residents, such as how to access an advocacy service, the

Spring Newsletter, information on local events, the daily activity plan and meal choices.

**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:**

This outcome had been examined in detail during a recent inspection in September 2014 and was found to be in compliance with the Regulations. On this inspection the inspector found that the person in charge continued to meet her statutory obligations, was very knowledgeable of her role, was focused on service improvement and knew the residents and their care needs well.

**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:**

The inspector reviewed a range of documents, including operational policies, directory of residents and medical, nursing and staff recruitment records. The documents viewed were informative, well organised and generally in line with legal requirements. Records were kept securely, while also being easily retrievable and the records viewed were

being kept for the appropriate length of time as required by the Regulations. However, some improvement was required to incident recording and care planning documentation.

While reviewing the management of medications that required strict control measures (MDAs) the inspector found that while these medications were suitably administered and stored, records of findings when nurses checked balance of MDAs at change of shift were not clearly recorded. The person in charge addressed this during the inspection and introduced a system of recording the balance at each check which was implemented immediately.

While a register of accidents and incidents was being maintained, some of the entries were not recorded in sufficient detail. For example, two separate incidents were recorded as one entry and times of incidents were not consistently recorded.

The inspector viewed a sample of files of residents with a range of needs and found that while the care plans viewed were generally informative, some lacked sufficient detail to guide staff in the delivery of care and did not reflect the care discussed with staff. For example, a resident's personal hygiene preferences were not indicated in a personal care plan, there was insufficient guidance recorded for the management of epileptic seizures, a care plan had not been updated to reflect the recommendations of the dietician following a review and the interventions to manage behaviour that is challenging were not clearly outlined in a care plan.

All the policies required under Schedule 5 of the Regulations were in place, as well as a range of additional policies to guide staff. The policies viewed were centre-specific and reflected the centre's practice. Policies, procedures and practices were regularly reviewed to ensure the changing needs of residents were met.

A record of all visitors to the centre was maintained.

**Judgment:**

Non Compliant - Moderate

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

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider and person in charge were aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. There were appropriate arrangements in place to manage any such absence.

There was a clinical nurse manager who deputised for the person in charge in her absence.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that there were measures in place to protect residents from harm and to respond to any allegations of abuse. Training records confirmed that all staff had been trained in the protection of vulnerable adults and staff confirmed this to be the case. Staff who spoke with the inspector were clear on the detection and response to any allegation or suspicion of abuse. There was a policy to guide staff on prevention, detection and response to elder abuse.

The management team did not retain residents' money for safekeeping on the premises, but there was a system in place for the safekeeping of residents' money through the banking system and there were arrangements for accessing funds during weekdays and for conducting other financial transactions. These transactions were clearly recorded and verified. There was a system for the safekeeping of personal valuables at the request of residents, although no valuables were being kept at the time of inspection. Internal and external audits of residents' finances were carried out annually.

The inspector reviewed the use and management of restraint and found that it was well assessed, although some improvement was required to the identification of alternatives and to care planning interventions. Some residents used bed rails and seat belts for safety. Risk assessments, investigating the risks associated with the use of bed rails and seat belts for individual residents had been undertaken and the risks to residents for the use and non-use of the bed rails/seat belts were evaluated prior to their use. However, the documentation of bed rail and lap belt assessments was not consistently in line with the centre's policy on restraint management. In some assessments there were no records that other appropriate options had been explored before implementing this practice, although staff who spoke with the inspector could explain the options that had been considered and why they had not been deemed appropriate. In addition, care plans for management of restrictive measures did not consistently provide sufficient information to guide staff. For example, a care plan for the use of a seat belt/reclining

chair did not provide information to guide staff on the care/activity to be delivered during identified two-hourly releases.

There was a policy, based on the national policy, to guide staff on the use of restraint and staff had received recent training in restraint management.

There was a policy on managing behaviour that is challenging and staff had received recent training in management of behaviours that challenge. Care plans for management of behaviours that challenge had been developed and staff who spoke with the inspector had the appropriate knowledge and skills to respond to behaviour that is challenging and explained the efforts made to identify and alleviate the underlying causes of this behaviour. However, there was some improvement required to the documentation of care planning interventions for behaviours that challenge and this is discussed in outcome 5.

**Judgment:**

Non Compliant - Moderate

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

**Theme:**

Safe care and support

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

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

**Findings:**

The provider had put measures in place to protect the safety of residents, staff and visitors to the centre, although some improvement was required to evacuation notices.

The centre had policies and procedures relating to health and safety. There was an up-to-date health and safety statement. There was also a risk management policy, which was viewed in conjunction with a risk register, the emergency response plan, and risk related policies on challenging behaviour, falls management, infection control, and missing persons. The risk register included a range of risks associated with the centre and their control measures.

Staff had received annual training in fire safety and evacuation and this was confirmed by staff and in the training records. Fire drills were regularly carried out in the centre and all staff had been involved in these drills. Staff who spoke with the inspector were clear on fire safety practices and knew what to do in the event of a fire. The inspector viewed up to date fire servicing records, which showed that equipment, including fire extinguishers and fire alarms, had been regularly serviced. There were additional records to indicate that checks, such as weekly checks of fire doors and fire extinguishers were being carried out. At the time of inspection all fire escape routes were free from obstruction. Since the last inspection a new fire alarm alert system had

been installed.

Fire evacuation notices were displayed throughout the building. However, these were not centre specific and did not provide clear guidance on the action to take in the event of a fire.

The provider and person in charge had ensured that all staff received up to date training in moving and handling and this was confirmed by training records. Manual handling assessments had been carried out for all residents.

Measures were in place to reduce accidents and promote residents' mobility including safe floor covering and handrails on corridors to promote independence. The environment was clean and well maintained and there were records to confirm that regular servicing was carried out on a range of equipment such as kitchen equipment, central heating boilers, assistive equipment and the generator. Monthly health and safety meetings took place in the centre and were attended by representatives from various departments including the person in charge, clinical nurse manager, the maintenance person, chef and administrative staff. Issues including training needs, garden upgrade work, kitchen hygiene and security in the centre had been discussed at these meetings.

**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:**

Although medication was safely administered, the inspector identified some medication management practices which were unsafe. Areas of medication management that required improvement were the management of discontinued and out of date medication.

The system in place for the control of unused and out of date medication required. Some of these medications were not recorded and securely stored pending return to the pharmacist.

Medications that required strict control measures (MDAs) were kept in a secure cabinet and suitably administered in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and recorded at time of administration and was also checked by two nurses at the change of each shift. The inspector checked the

balances of some and found them to be correct.

A nurse on duty outlined the procedures and practices on medication management and administration and the inspector reviewed the prescribing and administration charts. Each resident's medications were individually stored in individual containers in the medication trolleys which were secured when not in use. The medication administration charts which the inspector viewed were clear and legible. They included the required information such as the dose, route and time of medication administration. A copy of each resident's prescription had been issued and signed by the GP and nurses administered medication from this. In addition, discontinued medications had been signed by the GP on the administration charts to verify this action. There was an up to date nurses' signature sheet available.

The inspector reviewed the management of PRN (as required) medication and found that it was well managed with the maximum permissible doses of these medicines being clearly recorded. Since the last inspection the person in charge had introduced a measure to improve the safety of medication administration. The nurse wore a red apron while administering medication while clearly indicated that she was not to be interrupted at that time.

There was a system in place for reviewing and monitoring safe medication administration. Three-monthly audits of medication administration were being carried out and the most frequent audit indicated full compliance. There was also a medication policy to guide staff and nurses and care staff had also received medication management training.

At the time of inspection none of the residents required their medication to be administered crushed.

**Judgment:**

Non Compliant - Moderate

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

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

**Theme:**

Safe care and support

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

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

**Findings:**

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant events, as recorded in the incident book, had been notified to the Chief Inspector by the person in charge. All quarterly notifications had been suitably submitted to the Chief Inspector.

The inspector reviewed the practice in relation to recording of accidents and incidents and found that it was generally well managed, although there was some improvement to the documentation of incidents required and this is discussed in outcome 5. .

**Judgment:**

Compliant

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**Theme:**

Effective care and support

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

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

**Findings:**

The inspector found that the health care needs of residents were well met, although some improvement was required in the documentation of health care requirements which is discussed in outcome 5.

All residents had access to GP services. The inspector reviewed the medical files and found that the GP called to the centre and reviewed residents' health care needs regularly. Residents also had access to a range of health care services.

Recommendations from health care professionals were recorded in residents' files and their recommendations were incorporated into residents' care plans.

The inspector viewed a number of residents' files and found that they were generally completed to a good standard and information was clearly recorded and organised. Comprehensive assessments had been carried out for all residents. Staff had carried out additional assessments on residents' mobility, manual handling, skin integrity, risk of falls and nutritional risks and had developed care plans to guide the delivery of care based on these assessments. The care plan interventions were being reviewed at least every four months or as required by the changing needs of the residents. The inspector viewed a sample of files of residents with a range of needs such as nutritional issues, falls risk, wound care, risk of developing pressure ulcers, behaviour that is challenging and mobility issues. While most of the care plans viewed were informative, some lacked sufficient detail to guide staff in the delivery of care and did not reflect the care discussed with staff. Staff who spoke with the inspector knew the residents and were familiar with their health care needs. The documentation of care planning interventions is discussed in outcome 5.

Staff had carried out end of life assessments for residents and had recorded the wishes of residents who wished to discuss this. Treatment options for future events and end of life care planning required improvement. All residents had been assessed to establish their views on treatment options for future events and the outcomes were recorded in residents' files. While the wishes of most residents and/or their representatives had been established, some had declined to comment at time of assessment. On reviewing end of life assessments, the inspector had concerns around some aspects of the assessment. It was documented that the majority of residents were not to be resuscitated in the event of their becoming ill. This decision had been signed by the GP in consultation with the resident or their next of kin. There was no rationale recorded for the decision. The inspector was concerned that some residents who were in quite good health had been identified as not being for resuscitation.

**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):**

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

**Findings:**

Residents' bedrooms, communal bathrooms, kitchen, sluice rooms, gardens, sitting rooms and dining areas were bright, clean and well maintained and there were sufficient toilets and showers to meet residents' needs. However, structural improvements were required to bring the centre into compliance with the requirements of the Regulations as some parts of the building were not designed and laid out to fully meet the needs of residents.

The sitting room and adjoining dining room were separated by connecting doors which could be opened to create a larger communal space when required. A designated smoking room was provided in the centre although none of the long term residents smoked at the time of inspection. There was a call bell system in bedrooms and bathrooms. The building was maintained in a clean condition and there were supplies of hand sanitising gels sited in convenient locations throughout the building for staff, residents and visitors to use. Areas where risk had been identified or where hazardous materials were stored were secured by key-pad locking systems.

14 single bedrooms, three two-bedded rooms and four three-bedded rooms had been

registered for occupation by residents. The bedrooms were bright and comfortable with adequate wardrobe space. Each resident had a bedside locker most of which had lockable drawers for valuables. There were additional lockers available to any other resident who requested one with a lockable space. All bedrooms had spacious en suite facilities containing toilets, wash hand basins and showers. There were televisions in all bedrooms. In shared rooms screening curtains were provided around beds for privacy. However, adequate private accommodation was not provided for some residents. The provider was committed to ensuring that the building would be suitably upgraded to provide maximum comfort, privacy and safety for residents. To achieve this, the provider had developed a plan to refurbish the building and would include a reduction of bedroom occupancy to a maximum of two residents in any room. It was anticipated that the work would commence later in 2015.

It was identified during previous inspections that improvements were required to the ground surface in the enclosed internal garden to render it safe for residents and staff to walk there and this work was at an advanced stage of completion. The uneven ground had been replaced with smooth and safe surfaces. Some landscaping remained to be carried out and the person in charge confirmed that this was in progress.

**Judgment:**

Non Compliant - Major

***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:**

The inspector found evidence of generally good complaints management. However, some improvement was required to the complaints policy.

There was a complaints policy in place and the complaints procedure, which outlined the name of the complaints officer and details of the appeals process, was displayed in the reception area. However, some improvement to the complaints policy was required and this is included in outcome 5. In addition, the person who was responsible for ensuring that all complaints were appropriately responded to was not identified in the complaints policy.

An inspector viewed the complaints register and found that there had been a small number of complaints since the last inspection. The complaints which had been made were suitably recorded, investigated and resolved to the satisfaction of the complainants.

**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:**

The inspector found that care provided to residents approaching end of life was to a good standard. However, assessment of treatment options for future events required improvement and this is discussed in outcome 11 of this report.

Residents' spiritual needs were well met at end of life. Residents' spiritual preferences and wishes had been assessed and were recorded in their files. The sacrament of the sick was administered as required. Religious ministers of several denominations were available to support residents at end of life and their families.

The person in charge had made arrangements for family and friends to be with a resident approaching end of life. There was ample communal and private space and there was a visitors' room available for relatives who wanted to stay overnight. Tea and coffee making facilities were provided in this room and the furniture included a sofa bed and a reclining armchair.

The person in charge confirmed that the support of the local palliative care team was available, and this team guided staff in areas such as care of symptoms and pain management and provided support to families. All staff had received end of life care training in 2014. There was an end of life care policy to guide to staff on end of life care including palliative care, spirituality, dignity and care after death.

The inspector viewed a sample of end of life care records. Records indicated that residents were comprehensively assessed on admission and at regular intervals thereafter. The person in charge and staff had been focusing on assessing residents' end of life care wishes, by discussing this with residents or if this was not possible, with their next of kin.

**Judgment:**

Compliant

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**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):**

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

**Findings:**

The inspector found that residents' nutritional needs were well met and that residents received a nutritious and varied diet that offered a range of suitable choices. Food was suitably prepared, cooked and served. Residents were offered a varied diet that included choice at mealtimes and in a way that met their needs. The inspector noted that staff provided appropriate assistance to residents.

The inspector observed lunch in the dining room and found that the dining experience was pleasant and relaxed. There were sufficient staff present to support and encourage residents with dining. Staff were attentive to residents, offering drinks and asking if they had enough to eat or wanted more. The inspector noted that all residents were appropriately seated while dining. To aid communication of choices to residents, the staff had developed a range of clear, coloured pictures of the available meals and the appropriate cards were available in the dining room for each meal.

Residents were offered choices at mealtimes. There were two main meal choices each day, although residents and staff confirmed that alternatives would be arranged for residents who wanted something else to eat. Some residents required special diets or a modified consistency diet and this was provided for them. The inspector noted that they had the same choices as other residents and the food was suitably presented. The inspector noted that residents were offered a variety of snacks throughout the day, including drinks, fruit and baked products. In addition, snacks were available to residents if they wanted something to eat in the evenings or during the night.

There was a comprehensive policy for the monitoring and documentation of nutritional intake which included processes to prevent malnutrition and dehydration.

The inspector reviewed a sample of records and found that each resident had nutritional assessment, using a recognised assessment tool, carried out on admission and at four-monthly intervals thereafter or more frequently if required. Residents' weights were routinely monitored and recorded monthly. Where specific nutritional needs or assessed risks had been identified measures had been implemented to address these risks. The inspector saw that referrals had been made to dieticians and speech and language therapists whose reports and recommendations were recorded in residents' files.

Residents who spoke with the inspector confirmed that they enjoyed their meals and were offered choice. They said that there was a plentiful supply of food available throughout the day, including snacks as required.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents' privacy, dignity, autonomy and religious rights were supported and respected.

Many residents occupied single rooms but in rooms which were shared screening curtains were fitted around beds to provide privacy as required. Although some bedrooms were registered for occupation by three residents the provider had developed plans to decrease the occupancy of these rooms and this is discussed in outcome 12. Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. The inspector observed staff interacting with residents in a courteous manner.

Residents' civil and religious rights were respected. The person in charge said that residents from all denominations were supported appropriately to practice their religious beliefs. Mass was broadcast in the centre by video link from the local church each Sunday and for other religious feasts. Eucharistic ministers administered the Blessed Sacrament to coincide with the broadcast of Mass. In addition, a priest visited the centre frequently to meet residents and often celebrated Mass in the centre. The Sacrament of the Sick was administered as required. The person in charge had made arrangements for in-house voting, and stated that all residents were offered the opportunity to vote.

There was a residents' committee which met every two months. In addition to the residents' group, residents had the opportunity to regularly discuss their wishes and suggestions with the person in charge, staff and the activity co-ordinator.

Residents' independence was promoted by staff. The inspector saw staff members

assisting residents to walk in the building, residents were encouraged to eat their meals independently, to get up and go to bed at their preferred times and whether to participate in activities available to them.

Contact with family members was encouraged and there were several areas where residents could meet their visitors, including a private visiting room. Residents had access to an independent advocacy service.

Each resident had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. There was an activity co-ordinator employed at the centre, who had training in various therapies for people with cognitive impairment and in 'go for life', a light exercise plan. The person in charge told the inspector of plans for some staff to attend further training in delivering therapy specifically to people with dementia. The activities undertaken in the centre included exercise programmes such as 'bat & ball games' and 'sit & fit', bingo, music quiz time, cake decorating and board games. At the time of the inspection, staff and residents were working together to make and display Easter themed decorations in the communal areas. An artist came to the centre each week to provide art classes to residents and residents' artwork was displayed throughout the centre. In addition, guest musicians featured in the activity schedule. The activity co-ordinator also had a plan to spend time interacting with residents who did not wish to take part in the organised group activity sessions.

The centre was centrally located in the local community and residents had access to radio, television, telephone, newspapers and information on local events.

**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:**

Each resident had an individual wardrobe and locker most of which contained a lockable space for safe storage of valuables. The person in charge confirmed that arrangements would be made to provide a lockable space to any resident who wanted it.

There was a laundry room for washing/drying and sorting of residents clothing. The inspector found that good care was taken of clothing. Feedback from residents and

relatives indicated that clothing was not mislaid.

**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):**

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

**Findings:**

The inspector found that the number and skill mix of staff was adequate to meet the assessed needs of the residents and staff confirmed this to be the case. The person in charge confirmed that additional staff would be rostered as required to meet residents' changing needs and there was evidence that this had recently occurred. Since the last inspection a clinical nurse manager had been recruited to assist the person in charge in the governance of the centre, quality improvement and staff supervision.

Training records indicated that staff had attended a variety of training in addition to mandatory training. The inspector read the training record for 2014 and found that a range of training had been provided to staff including medication management for all nurses, hand hygiene, food safety management, basic life support and management of behaviour that is challenge. Additional training in medication management and basic life support was also scheduled.

The inspector read the staff duty rosters which clearly identified staff working hours and reflected the staff on duty at the time of inspection. Monthly staff meetings took place and minutes of these meetings were retained.

Feedback from residents and relatives indicated that they were satisfied with the level of care and attention delivered by staff.

**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:***

Jackie Warren  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	St Fionnan's Community Nursing Unit
<b>Centre ID:</b>	OSV-0000650
<b>Date of inspection:</b>	25/03/2015
<b>Date of response:</b>	26/06/2015

### Requirements

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

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

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

#### Theme:

Governance, Leadership and Management

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

Some health care files were not recorded in sufficient detail to guide staff in the delivery of care.

Some of the entries in the register of accidents and incidents were not recorded in sufficient detail.

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

**Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

All health care files have been updated to record sufficient details to guide staff in the delivery of care. This shall continue to be audited regularly by the Clinical Nurse Manager 2 and the Person in Charge.

The register of accidents and incidents shall be recorded in sufficient detail. New incident report sheets as per the National Incident Management System (NIMS) have been introduced. The person in charge shall continue to monitor accidents and incidents.

**Proposed Timescale:** 11/05/2015

**Outcome 07: Safeguarding and Safety****Theme:**

Safe care and support

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

The documentation of bed rail and lap belt assessments was not consistently in line with the centre's policy on restraint management.

Care plans for management of restrictive measures did not consistently provide sufficient information to guide staff.

**Action Required:**

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

The documentation of bed rail and lap belt assessments has been updated and is consistent in line with the centre's policy on restraint management.

Care plans for management of restrictive measures now consistently provide sufficient information to guide staff.

**Proposed Timescale:** 04/05/2015

**Outcome 08: Health and Safety and Risk Management****Theme:**

Safe care and support

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

Fire evacuation notices were not centre specific and did not provide clear guidance on the action to take in the event of a fire.

**Action Required:**

Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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

Fire evacuation notices have been replaced with centre specific notices which provide clear guidance on the action to take in the event of a fire.

**Proposed Timescale:** 01/04/2015

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

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

Some unused and out of date medications were not recorded and securely stored pending return to the pharmacist.

**Action Required:**

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

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

There are two storage boxes with locks which are stored in a locked room. There is also a record of the medications returned to the pharmacy; this is signed by a staff nurse.

**Proposed Timescale:** 04/05/2015

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

Some parts of the building were not designed and laid out to fully meet the needs of residents.

**Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

A major refurbishment of the Unit, in order to comply with Registration, is planned. Copies of the relevant Drawings have been forwarded to the Inspector Manager at HIQA. Work is scheduled to commence in Q3 of 2015 and will take approximately 6 months to completion. All of the issues raised under this outcome will be addressed by this Development.

**Proposed Timescale:** 31/01/2016