

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Shalom Nursing Home
<b>Centre ID:</b>	OSV-0000094
<b>Centre address:</b>	Presentation Convent, Kilcock, Kildare.
<b>Telephone number:</b>	01 628 7285 / 01 628 7018
<b>Email address:</b>	ecarroll@shalomnh.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Presentation Sisters Northern Province
<b>Provider Nominee:</b>	Éilis Carroll
<b>Lead inspector:</b>	Julie Pryce
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	30
<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 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:
16 September 2014 09:00	16 September 2014 18:00
17 September 2014 08:00	17 September 2014 17:30

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**

This registration inspection took place following an application to the Health Information and Quality Authority's (the Authority) Regulation Directorate to renew registration. As part of the inspection, the inspector met with residents, relatives, and staff members and an interview was held with 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 prior to the inspection and met with relatives and residents during the course of the inspection.

Overall the inspector found that the provider met the requirements of the Health Act

2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland to a high standard.

The inspector found a good standard of nursing care was provided to the residents. Care was provided by staff who were familiar with them and knowledgeable of their health and social care needs. The provider and person in charge promoted the safety of residents and a comprehensive risk management process was in place for the centre including suitable fire safety procedures.

The inspector found that the design and layout of the premises met residents' needs, the centre was clean and well maintained and there was a high standard of décor appropriate to the needs of the residents.

The areas for improvement required from this inspection are detailed in the report and included in the Action Plan at the end of this report.

**Section 41(1)(c) of the Health Act 2007. 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.**

**Outcome 01: Statement of Purpose**

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose contains all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centred for Older People) Regulations 2013.

**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:**

There was a clear management structure in place that all staff were aware of, and processes in place to support communication throughout this structure. For example, regular staff meetings were held, the provider met regularly with the senior leadership team and the person in charge attended regular management meetings which included the provider.

These management team meetings were held monthly and minutes were kept of the proceedings. However, while actions were identified and responsibility allocated there

was no required date for completion and no evidence of monitoring that the actions had been completed.

Various audits had been conducted, including health and safety audits, audits of accidents and incidents and audits of care plans. The audits of care plans was conducted monthly, actions were identified and followed up the following month.

**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 residents' contains all of the information required by the Health Act 2007 (Care and Welfare of Residents in Designated Centred for Older People) Regulations 2013.

**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:**

The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. There was clear evidence of her continuing professional development and of her supporting staff to keep up to date. She was aware of her responsibilities under the regulations and showed clear leadership to staff.

**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 found that there were systems in place to maintain complete and accurate records. All the policies required under Schedule 5 were in place, were centre-specific and in sufficient detail to provide guidance to staff. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies. However the policy in relation to risk management did not contain all the requirements of the regulations as further discussed under Outcome 8.

Inspectors found that medical records and other records relating to residents and staff were maintained in a secure manner. The resident's guide had been drawn up in line with the requirements of the Regulations.

Staff used pocket notebooks during handover to record the requirements and changing needs of residents and referred to these notes during the provision of care. There was no agreed procedure in relation to the storage or destruction of these notes and it was not clear that confidentiality of information 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 the person in charge were aware of the requirements in relation to notifying the authority of periods of absence of the person in charge, and there were satisfactory deputising arrangements in place in the event of such an 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 measures were in place to protect residents and to respond to any allegations of abuse. A schedule of staff training was in place and almost complete and all staff were knowledgeable in relation to the types, signs and management of any allegations of abuse. All residents spoken to said that they felt safe and secure in the centre

**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 inspector reviewed fire safety procedures and associated records. Fire orders were



prominently displayed, fire exits were unobstructed and staff members spoken with by inspectors were knowledgeable with regard to the procedures to follow in the event of fire. The training records showed that all staff had up-to-date training in this area and records were also in place to show that regular fire drills took place. Inspectors also reviewed the records with regard to servicing of equipment. The records showed that there was regular servicing by external consultants of the fire detection and alarm system and of fire fighting equipment. A documented system of in-house checks on fire exits and the fire detection system was also in place.

A comprehensive emergency response plan was in place and readily available, and included sufficient detail on each resident to provide guidance to staff in the event of an emergency. In addition a personal emergency evacuation plan was in place in each resident's care plan.

Satisfactory infection control procedures were in place including infection control policies to provide guidance to staff. All practices observed were in compliance with these policies.

Systems were in place for the recording and learning from accidents, incidents and near misses. Required actions were identified, recorded and monitored and there was evidence that actions were implemented.

There were structures in place in relation to the management of risk, for example, there was a risk management review group in place. There was a policy in place to provide guidance in relation to the management of risk however, it did not include all the arrangements for the identification, recording, investigation and learning from serious incidents or adverse events as required by the regulations.

**Judgment:**

Non Compliant - Minor

***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 inspector found that policies and processes were in place for the safe management of medications. There was a centre-specific medication management policy in place which gave appropriate guidance to staff. The inspectors reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was completed and maintained in accordance with the centres

policies and professional guidelines.

Medication errors were managed appropriately and a system of monthly audit of medication management was in place. Residents were supported to manage their own medication if preferred, and risk assessments were in place.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines and the centre's policy. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the time of administration and change of each shift. The inspector checked the balances and found them to be correct.

**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 person in charge was aware of her responsibility in relation to notifying the authority of incidents as required by the regulations.

**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):**

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

**Findings:**

The inspector found residents received a good standard of nursing care from staff who were familiar with their health care needs. There was adequate access to residents' general practitioners and other healthcare professionals, for example, physiotherapist, dietician, speech and language therapist, dentist and tissue viability nurses.

Health and social care assessments were conducted on admission and reviewed every three months thereafter. Care plans were in place for healthcare needs, both for long standing and changing conditions. The implementation of these plans was recorded and they were reviewed regularly.

There was evidence of a meaningful day for residents, various activities were organised, both within the centre and outings.

**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 inspector found the centre was a comfortable, homely and pleasantly decorated. There were various living and dining areas and a secure, enclosed garden, directly accessible from the centre. The centre was kept in a clean condition, and was well maintained to a good standard of repair

**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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> There was a complaints procedure in place, it included an accessible version for residents and was clearly displayed in the centre.</p> <p>A complaints register was maintained and complaints records included required actions and resolution.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 14: End of Life Care</b> <i>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.</i></p>
<p><b>Theme:</b> Person-centred care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> All residents had end of life care plans in place, which included their end of life wishes for the most part.</p> <p>However, where a 'Do not resuscitate' decision had been made in respect of some residents, this was not included in their care plans, and staff were not aware of which residents had such an order in place.</p>
<p><b>Judgment:</b> Non Compliant - Moderate</p>

<p><b>Outcome 15: Food and Nutrition</b> <i>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.</i></p>
<p><b>Theme:</b> Person-centred care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p>

**Findings:**

The inspector was satisfied that residents were provided with meals that were wholesome and in accordance with their assessed needs. The inspector spent time with residents in the dining rooms at meal times and they found residents were discreetly and respectfully assisted with their meals where required.

Nutritional care plans were in place for all residents with particular needs. Assessments had been conducted by the speech and language therapist and recommendations informed the care plans. The catering staff were knowledgeable in relation to any special dietary requirements and preferences of residents.

Inspectors saw residents being offered a variety of snacks including fruit and hot drinks during the day. Inspectors visited the kitchen and found it was well laid out and stocked with a good supply of food.

**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 was satisfied that each resident's privacy and dignity was respected. Staff were observed to interact with residents in pleasant and respectful manner, referring to them by their preferred name. Inspectors saw staff knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Signs were used on individual bedroom doors to indicate that nursing care was in the process of being delivered to ensure privacy and freedom from interruption.

Residents were involved in the organisation of the centre, a residents meeting was held every two months and there was evidence of actions being implemented by staff following suggestions at these meetings. In addition a suggestions box was available in the reception area.

Visits were welcomed and facilitated, and there was accommodation available for overnight visits.

**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:**

The inspector was satisfied that residents' clothing and any personal possessions were safeguarded.

**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 the numbers and skill mix of staff was adequate to meet the assessed needs of the residents. There was always at least one nurse on duty and shifts were arranged to ensure adequate staffing cover at appropriate times.

Staff training records were maintained, and appropriate staff training had taken place with all members of staff. A system of staff appraisal was in place and was conducted annually.

<b>Judgment:</b> Compliant
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### **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:***

Julie Pryce  
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>	Shalom Nursing Home
<b>Centre ID:</b>	OSV-0000094
<b>Date of inspection:</b>	16/09/2014
<b>Date of response:</b>	07/12/2014

### 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:

Records kept by staff in relation to the daily nursing care needs of residents were not kept safely.

#### Action Required:

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

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



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

Procedure for the destruction of staff notes has been put in place.

**Proposed Timescale:** 05/11/2014

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

**Theme:**

Safe care and support

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

The policy on risk management did not include all the requirements of the regulations.

**Action Required:**

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

We will continue our system of identifying, recording, monitoring and learning from accidents, incidents and near misses.

Risk Management policies are under review and will be amended to include arrangements for the identification, recording, investigation and learning from incidents or events involving residents.

**Proposed Timescale:** 28/11/2014

**Outcome 14: End of Life Care**

**Theme:**

Person-centred care and support

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

Appropriate care at the end of life could not be ensured regarding 'Do not resuscitate' orders.

**Action Required:**

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

1.(a) A list of residents with clear indication of current DNR status is on display in the nurses' station

- (b) Reference is made to current DNR status at each shift change.
- (c) A discrete indication of DNR status will be placed on the outside of each Care Plan Folder.
- 2. Completed Think ahead forms are in place in individual Care Plans
- 3. All End of Life Care Plans are under review.

Proposed Timescale: 1 (a) 22.9.14

(b) 22.9.14

(c ) 18.11.14

2. 19.11.14

3. 14th February 2015

**Proposed Timescale:** 14/02/2015