

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Stella Maris Nursing Home
Centre ID:	ORG-0000396
Centre address:	Cummer, Tuam, Galway.
Telephone number:	093 41944
Email address:	martinahaverty@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Stella Maris Residential Care Limited
Provider Nominee:	Sarah Ann Maloney
Person in charge:	Breege O'Donovan
Lead inspector:	Nan Savage
Support inspector(s):	Marian Delaney Hynes;
Type of inspection	Unannounced
Number of residents on the date of inspection:	40
Number of vacancies on the date of inspection:	2

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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 13 March 2014 11:00 To: 13 March 2014 18:00

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

Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This triggered inspection was carried out following receipt of a notification submitted by the provider. The inspection focused on aspects of risk management, medication management, health care and staffing.

As part of the inspection, inspectors met with residents, the provider, the person in charge and staff members. Inspectors observed practices and reviewed documentation such as staff rosters, residents' care plans, medical records, medication records and policies and procedures.

Inspectors identified an immediate risk in one aspect of risk management relating to residents using steps located on the main corridor. A written immediate action plan was issued by the Authority. The provider responded promptly and put in place appropriate control measures to address this risk.

Practices in relation to a different area of risk management and medication administration also required improvement.

Inspectors were also concerned that residents' numbers and dependency levels had increased since the last inspection but the person in charge had not adequately reviewed staffing levels and skill mix to reflect these changes. A review of staff rotas confirmed that while two additional care assistant hours had been recently rostered each day, sufficient nursing staff were not on duty during parts of the day and at night-time to ensure residents' needs were safely met.

Ongoing improvements were noted in the completion of residents' care planning documentation and there was evidence of good care being provided in many areas of

the service.

The issues identified during the inspection were discussed with the provider and person in charge who confirmed that the issues identified would be addressed as a matter of priority.

The non-compliances are discussed in the body of 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 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: 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:

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

Findings:

On this inspection risk management procedures that related to use of steps located in the vicinity of the reception area were reviewed. A significant risk was identified by inspectors in relation to this area that required the immediate attention of the provider.

Individual risk assessments had been completed for each resident regarding the use of the steps and control measures had been identified. However, these measures had not been reviewed to reflect the current status of some residents. Therefore, inspectors were concerned that the provider had not taken sufficient measures to ensure the safety of residents at risk when using these steps. The provider was issued a written immediate action plan on 14 March 2014 and given a specific timeframe to address this risk. The provider responded promptly and put in place adequate measures to control this risk.

Inspectors noted that other measures were in place to promote and protect the health and safety of residents, visitors and staff, which included the identification of hazards and implementation of control measures throughout most areas of the building. However, inspectors found that there were no handrails along one section of the centre. The provider informed inspectors that this matter would be addressed as a priority.

Judgement:

Non Compliant - Moderate

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

Findings:

Medication management practices were generally safe and processes were in place to direct and support practice. However, an inspector reviewed a sample of residents' medication records and found that some residents' medications were not administered by nursing staff at the prescribed time.

Judgement:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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:

Findings:

Inspectors reviewed a sample of residents' files. Overall, there was evidence of residents' health care needs being met and appropriate medical care was provided. There was a high standard of evidence based practice and policies in areas including nutritional management and wound care. However, significant improvement was required in the prevention and management of falls.

Fall prevention measures were in place for residents assessed at high risk of falling but some had not been adequately implemented to ensure all residents' needs were consistently met. For example, interventions in relation to supervision requirements had not been fully implemented for some residents. As detailed in Outcome 18 inspectors were not satisfied that appropriate staffing arrangements had remained in place at all times to ensure adequate supervision of all residents. The inspectors noted that residents' associated care plans on falls management were not consistently revised when required with interventions to reduce the likelihood of reoccurrence.

Continued improvement had been made in the documenting of residents assessments and care plans and inspectors found that they better reflected staff practice. The inspectors noted that a range of risk assessments had been completed and used to develop informative care plans that were individualised, person centred and described

the care to be delivered. Most assessments and care plans were reviewed three monthly or as required by the residents' changing needs. Residents or their representative were involved in the development and review of the residents' care plan. The inspectors read that neurological monitoring was now consistently completed when required.

Judgement:

Non Compliant - Moderate

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.

Theme:

Workforce

Outstanding requirement(s) from previous inspection:

Findings:

Inspectors specifically reviewed staffing levels and skill mix on this inspection. The inspectors were concerned that nursing levels were not sufficient to meet the assessed needs of residents over a 24 hour period. The inspectors noted that residents' numbers and dependency levels had increased since the previous inspection but the person in charge had not increased the level of nursing cover.

The person in charge had recently rostered additional care assistant hours during the week of the inspection. A care assistant worked an additional one hour and 30 minutes during the day and an extra one hour in the evening. From a review of staff rosters and from speaking with staff, inspectors found that there was normally one nurse on duty from 4pm or 5pm each day and at weekends. This nurse was responsible for administering medications to residents as well as supervising the delivery of care. Inspectors were concerned that this could impact on the provision of care to residents.

The inspectors also noted that the actual staff roster had not been kept up to date for the person in charge. Inspectors read that hours worked by the person in charge during a week in February 2014 had not been recorded on the staff roster.

Judgement:

Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

Nan Savage
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Stella Maris Nursing Home
Centre ID:	ORG-0000396
Date of inspection:	13/03/2014
Date of response:	06 May 2013

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: 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 steps located between the main corridor and reception area currently posed a serious risk to at least one resident as sufficient measures had not been taken to ensure safety of this resident and other residents.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

Since March 15th steps have been safely secured and are no longer accessed by residents.

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

Proposed Timescale: 15/03/2014

Theme:

Safe Care and Support

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

Handrails were not provided along one section of the centre.

Action Required:

Under Regulation 31 (4) (b) you are required to: Provide handrails in circulation areas and grab-rails in bath, shower and toilet areas.

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

Hand rail was put in place on March 15th along the section of the corridor that required same.

Proposed Timescale: 15/03/2014

Outcome 08: Medication Management

Theme:

Safe Care and Support

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

Some residents' medications were not administered at the prescribed time.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

Residents that did not have their medication administered at the prescribed time have been reviewed by pharmacist and G.Ps. The medications are now in correct system for time to be administered to residents.

Proposed Timescale: Completed 13th March 2014 & 09th April 2014

Proposed Timescale: 09/04/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective Care and Support

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

Adequate fall prevention measures had not been implemented to ensure all residents' needs were consistently met.

Action Required:

Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

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

A more robust and transparent monitoring system has been implemented to ensure all residents that are of risk of falls will have their needs consistently met.

Proposed Timescale: 15/03/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The actual staff roster had not been kept up to date for the hours worked by the person in charge.

Action Required:

Under Regulation 16 (3) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

Any extra hour that our director of nursing works over her shift will be recorded on the roster in future.

Proposed Timescale: 13/03/2014

Theme:

Workforce

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

Nursing levels were not sufficient to meet the assessed needs of residents over the 24 hour period.

Action Required:

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

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

Staffing levels are consistently reviewed and adjusted accordingly in conjunction with resident occupancy and dependency levels to ensure that there is sufficient staff on duty at all times.

Proposed Timescale: 15/03/2014