

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Eunan's Nursing and Convalescent Home
Centre ID:	OSV-0000392
Centre address:	Rough Park, Ramelton Road, Letterkenny, Donegal.
Telephone number:	074 910 3860
Email address:	steunansnh@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St. Eunan's Nursing and Convalescent Home Limited
Provider Nominee:	Marie Fitzpatrick
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	39
Number of vacancies on the date of inspection:	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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 07 July 2015 08:30 To: 07 July 2015 16:00

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 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection, the inspector met with the provider, person in charge, residents and staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

There were 39 residents in the centre during the inspection. All residents were residing in the centre for continuing care and there was an adequate staff complement with the proper skills and experience to meet the assessed needs of residents at the time of this inspection.

There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. The inspector found a good standard of evidence-based care and appropriate medical and allied health care access.

The inspector found the premises, fittings and equipment were very clean and well maintained and decorated. The building was comfortably warm. There was a good choice and quality of food available. Residents spoken with confirmed they enjoyed their meals every day

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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:

The inspector was satisfied that the statement of purpose accurately described the aims, objectives and ethos of the centre and the service that was provided.

The statement of purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the Regulations. The statement of purpose is kept under review by the provider and had been updated.

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 defined management structure in place to ensure the effective governance of the service. The inspector found that the management structure was appropriate to the size, ethos, purpose and function of the centre.

There was evidence of quality improvement strategies and monitoring of the services. The inspector reviewed audits completed. A system of audits is completed to include clinical data in areas namely medication management, the usage of psychotropic and night sedation medication and any accident/falls sustained by residents.

The inspector found that this information was used to improve the service. Improvement plans to ensure enhanced outcomes for residents were developed. The number of residents on a night sedative at the time of this inspection was seven. The aim of the ongoing audit is to ensure the optimum health of the resident was maintained with the reliance on the minimum amount of medication. A restraint free environment was promoted. There were no residents with two bedrails raised at the time of this visit.

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:

A notification to advise of the absence of the person in charge was provided to the Authority in 2014. The procedures and arrangements notified for the running of the centre while the person in charge is absent remain unchanged since submission of the notification. A clinical nurse manager continues to deputise for the person in charge and is supported in this role by a senior nurse.

The person in charge attended the centre to facilitate the inspection. There is a reporting system in place to demonstrate and communicate the service is effectively monitored and safe between the deputy person in charge and the service provider.

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. Records were stored securely and easily retrievable.

Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff.

The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner.

A directory of residents was maintained update.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

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

Findings:

No notifiable incidents of adult protection have occurred or been reported to the Authority since the last inspection.

Staff to whom the inspector spoke with were able to confirm their understanding of the features of protection of vulnerable adults and to whom they would report a concern. There was an ongoing program of refresher training in safeguarding of vulnerable adults in place.

There was an adult protection policy in place. Protected disclosure procedures to guide staff in their reporting of a suspicion of abuse were documented in the policy. Garda Síochána vetting had been applied for all staff members.

There was a policy outlining procedures to guide staff on the management of residents'

personal property and possessions. The systems to manage residents' finances were transparent and accountable.

There is a policy on the management of behaviour that is challenging. This included meeting the needs of residents with dementia and managing psychotropic medication. Staff spoken with were very familiar with resident's behaviours and could describe particular interventions well to the inspector for individual residents.

Psychotropic medications used were pertinent to specific behaviours and seen to be closely monitored by the prescribing clinician and regularly reviewed to ensure optimum therapeutic values. Risk assessments and care plans for challenging behaviour were completed.

However, all staff were not trained in the management of behaviours that challenge to ensure they have up to date knowledge and skills to respond appropriately.

A restraint free environment was maintained. There were no physical restraint measures (bed rails or lap straps) in use at the time of this inspection. Ultra low beds, additional mattresses were placed by beds and increased safety checks were in place for residents.

Judgment:

Substantially 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):

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

Findings:

The health and safety of residents, staff and visitors in the centre was promoted and protected. The actions in the previous inspection which related to risk, health and safety were satisfactorily completed. These included providing a handrail on both sides of the corridor and grab rails in the toilets located adjacent to the dining room. Moving and handling risk assessments were revised and specified the type of hoist and sling size. They were located in bedrooms and readily accessible to staff at the point of care delivery.

The risk management policy contained the procedures required by the regulation 26 and schedule 5 to guide staff. The health and safety statement outlined the organisational safety roles and responsibilities. Risk assessments were completed to identify potential hazards. Controls were specified to mitigate risk.

There were procedures in place for the prevention and control of infection and hand gels

were located around the building. Audits of the building were completed at intervals to ensure the centre was clean. A separate cleaning and sluice room was provided. Access was restricted in the interest of safety to residents and visitors.

Work was in progress to complete the action plan from the last inspection to increase the size of the laundry. There is insufficient space to segregate soiled and clean laundry. The provider detailed the planned structural work due to commence.

The fire precaution systems in place have been upgraded since the last visit. New fire doors have been provided to include bedroom doors being connected to the fire alarm system. Emergency exit doors have been upgraded. Fire evacuation sheets are fitted to the beds of all residents.

Service records showed that the fire alarm system and the emergency lighting and fire equipment was serviced. The inspector read the records which showed that inspections of fire exits, the fire panel and fire fighting equipment was checked to ensure it was in place and intact.

All staff had completed training in fire safety evacuation procedures. Records indicated fire drill practices were completed. However, the fire drills records did not detail or evidence different scenarios or types of simulated practice were undertaken. The time taken for staff to respond to the alarm and to evacuate was not detailed. There was limited evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

A risk assessment was completed for residents who smoked. A plan of care was in place detailing the level of assistance and supervision required. Cigarettes and lighters were held in safekeeping by staff both during the day and at night.

There was a cleaning system in place to break the cycle of infection and minimise the risk of cross contamination. Separate cleaning equipment and cloths were used to clean each bedroom and communal areas. There were a sufficient number of cleaning staff rostered each day of the week. Staff spoken with were able to explain how they cleaned a room in the event of an outbreak of infection in line with best practice.

There were arrangements in place for recording and investigating untoward incidents and accidents. The inspector noted that falls and near misses were well described. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where a resident sustained an unwitnessed fall or a head injury. Individual strategies were outlined and utilised to minimise the risk of residents sustaining a repeat fall to include call bells placed close to residents and medication review and checks for infection.

The training records showed that staff had up-to-date training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents needs.

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):

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

Findings:

There was a medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

Each resident's medication was dispensed from a blister pack system. These were checked on arrival against the prescription sheets in the signed kardex to ensure all medication orders received were correct for each resident.

All medication kardex are transcribed. However, the signatures of two transcribing nurses were not in place for each drug transcribed on the kardex in the sample reviewed.

The kardex's were not always legible and pose a risk of potential medication error. Some prescription sheets have not been rewritten for a significant period of time. A number of drugs in the meantime time have been discontinued and the kardex's have not been rewritten to reflect changes and ensure legibility. Photographic identification was not available on each of the drugs charts examined.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Medicines were being stored safely and securely in the clinic room which was secured. Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations. Nurses kept a register of controlled drugs. There were two residents on a controlled drug at the time of this inspection. The inspector checked the balances and found them to be correct.

Drugs which have been discontinued or no longer used had not been returned to the pharmacy. A number of drugs which were discontinued to include drugs prescribed for past residents were stored in the drugs cupboard in the clinic room.

Judgment:

Non Compliant - Moderate

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:

There were 39 residents in the centre during the inspection. All residents were residing in the centre for continuing care. The arrangements to meet residents' assessed needs were set out in individual care plans. The inspector found a good standard of evidence-based care and appropriate medical and allied health care access. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores and cognitive functioning.

The inspector reviewed two resident's care plans in detail and certain aspects within other plans of care to include the files of residents with nutritional issues, behaviour that challenges and those with a high risk of falls. The inspector found that all files reviewed were comprehensive. The range of risk assessments completed were used to develop care plans that were person-centred, individualised and described the current care to be given. In the sample of care plans reviewed there was evidence care plans were updated at the required intervals or in a timely manner in response to a change in a resident's health condition.

There was good linkage between the risk assessments completed the care plans in place and their reviews. A monthly review was completed on all residents to identify any changes in their physical or psychosocial care needs. There was evidence of consultation with residents or their representative in all care plans reviewed of agreeing to their care plan when reviewed or updated.

Residents had access to general practitioner (GP) services. Medical records evidenced residents were seen by a GP within a short time of being admitted to the centre. A review of residents' medical notes showed that GP's visited the centre regularly.

The consultant psychiatrist and their team visit the centre as required to review residents. Medication is reviewed to ensure optimum therapeutic value. There was evidence of support from a social worker to support one resident since her transition to the centre from home.

Access to allied health professionals to include speech and language therapist, dietetic

service and physiotherapy was available. There was no resident with a pressure wound at the time of this inspection. A number of residents had protective dressings to mitigate the risk of skin damage.

There was ongoing monitoring of residents nutritional and hydration needs. Each resident's weight was checked monthly. Staff monitored the food and fluid intake of residents identified with a nutritional risk. Twenty four residents were on monitoring charts at the time of this visit. Food intake records were well completed consistently. Fluid charts were totalled.

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:

There was an adequate staff complement with the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre. However, the staffing levels requires continuous review to take account of holiday and sick leave to ensure adequate resources are maintained to cover any shortfall in staff.

There was a detailed policy for the recruitment, selection and vetting of staff. It was reflected in practice. Recently recruited staff confirmed to the inspector they undertook an interview and were requested to submit names of referees and complete Garda Siochana vetting.

There was a training matrix available which conveyed that staff had access to ongoing education and a range of training was provided. The inspector found that in addition to mandatory training required by the regulations staff had attended training on infection control, medication management, nutrition in the elderly and cardio pulmonary resuscitation techniques. However, as identified under Outcome 7, Safeguarding and Safety, all staff were not trained in the management of behaviours that challenge.

Judgment:

Substantially 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:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St. Eunan's Nursing and Convalescent Home
Centre ID:	OSV-0000392
Date of inspection:	07/07/2015
Date of response:	24/08/2015

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 07: Safeguarding and Safety

Theme:

Safe care and support

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

All staff were not trained in the management of behaviours that challenge to ensure they have up to date knowledge and skills to respond appropriately.

Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour

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

that is challenging.

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

All Staff will be retrained in managing behaviours that challenge.

Proposed Timescale: 31/01/2016

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:

Work to complete the action plan from the last inspection to increase the size of the laundry was not finalised. There is insufficient space to segregate soiled and clean laundry.

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

The laundry will be reconfigured to enlarge the laundry space, some works has already been carried out and a contractor has been identified to complete the project.

Proposed Timescale: 28/02/2016

Theme:

Safe care and support

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

The fire drills records did not detail or evidence different scenarios or types of simulated practice were undertaken. The time taken for staff to respond to the alarm and to evacuate was not detailed. There was limited evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

The fire drills records will record the different scenarios and simulated practices undertaken, including the response times, learning gained and any improvements required.

Proposed Timescale: 01/12/2015

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:

The signatures of two transcribing nurses were not in place for each drug transcribed on the kardex in the sample reviewed.

The kardex's were not always legible and pose a risk of potential medication error and some prescription sheets have not been rewritten for a significant period of time.

Photographic identification was not available on each of the drugs charts examined.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

All Kardex's have been rewritten and signed by two Nurses. Photographs are now attached to all Kardex's.

Proposed Timescale: 24/08/2015

Theme:

Safe care and support

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

Drugs which have been discontinued or no longer used had not been returned to the pharmacy.

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:

All drugs no longer in use have been returned to the Pharmacy.

Proposed Timescale: 24/08/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The inspector formed the opinion the staffing levels requires continuous review to take account of holiday and sick leave to ensure adequate resources are maintained to cover any shortfall in staff.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

A review of Annual/Sick leave rota has been completed, adequate resources will be maintained to cover any shortfall during leave periods.

Proposed Timescale: 24/08/2015