

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Clare's Nursing Home
Centre ID:	OSV-0000517
Centre address:	502 Griffith Avenue, Glasnevin, Dublin 11.
Telephone number:	01 704 4200
Email address:	rachel.simons@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Michelle Forde
Lead inspector:	Leone Ewings
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	34
Number of vacancies on the date of inspection:	4

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 following an application to vary registration conditions. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 05 September 2016 10:00 To: 05 September 2016 16:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 14: End of Life Care	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant

Summary of findings from this inspection

This inspection was to monitor on-going compliance with the Health Act 2007 (Care and Welfare of Residents in Designated centres for Older People) Regulations 2013. In addition an assessment of the application made by the provider to remove condition eight of the current registration certificate relating to identified improvements required with the premises. The last inspection took place on 24 March 2015 and the provider's action plan response was also considered. The provider and person in charge had fully addressed 4 of the 6 action plans in full. The remaining actions related to non-compliance with the premises identified as not meeting the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2016 nor the National Standards for Residential Care Settings for Older People in Ireland (2016).

As part of the inspection the inspector reviewed the actions from the last inspection, notifications, and unsolicited information received by HIQA. The statement of purpose reflected the service to be provided to 40 residents and reflected the current governance and facilities available. Thirty-one long-term beds are in place with the remaining beds used for short-term respite care and assess and review admissions. The inspector met with residents, visitors and staff members. She also observed practices, reviewed premises and viewed documentation including care plans,

accident and incident forms, medical records, policies and procedures.

The inspector found that the provider and person in charge had a good standard of governance and offered safe and good quality care at the centre. Residents who spoke with the inspector expressed satisfaction with all aspects of care provided. They praised the staff, food service and activities available to them. Evidence of good practice was found across all outcomes. The centre was found to be in full compliance with 6 of the 8 outcomes inspected against. There were no major non-compliances. Written confirmation that all matters relating to the premises and future plans for the service was formally requested by the inspector.

The action plan at the end of this report reflect the non-compliances found and the improvements required. The provider is responsible for addressing the non-compliances found with the premises.

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:

A written statement of purpose was submitted with the application to remove the condition of registration. This accurately detailed the aims, objectives and ethos of the service.

This information was in line with legislative requirements. The provider had kept it under review following recent changes in governance notified to the Chief Inspector.

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):

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

Findings:

The provider had not addressed the non-compliance from the last inspection. The inspector requested information from the person in charge about contracts of care. Following a review of this information, one resident's contract of care remains unsigned

since the last inspection. The provider could evidence records where they had attempted to address this non-compliance, and would continue to resolve this matter.

Judgment:
Substantially 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 had changed since the time of the last inspection. This change was notified to HIQA in May 2016. The new person in charge works as an assistant director of nursing. The inspector had already conducted a satisfactory fit person's interview on 28 June 2016 at HIQA's office in Dublin.

During this inspection she demonstrated a high standard clinical leadership in all aspects of care delivery. She was suitably qualified as a registered nurse, and had completed post-graduate management qualifications in management and palliative care. She had also worked as a person participating in management of another older persons centre.

There was a clearly defined management structure in place to support the person in charge, who reports to the area director of nursing.

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:

Measures were in place to protect residents from being harmed or abused. The inspector viewed training records, and saw that all staff had received training on identifying and responding to reports of elder abuse. The inspector confirmed that staff spoken with were able to identify the different categories of abuse and what their reporting responsibilities were if they suspected abuse.

Residents spoken with confirmed that they felt safe in the centre. Staff supported them with maintaining independence and in a very sensitive and professional manner. The approach to care was about the person retaining choice and autonomy in their daily lives.

A restraint free environment was promoted in line with national policy, as outlined in Towards a Restraint Free Environment in Nursing Homes (2011). A risk register relating to the use of any restrictive practices was maintained and reviewed by the inspector. Bed-rails were used for a small number of residents. The use of these had been considered only after alternatives were trialled; the use of bed rails was found to be appropriately risk assessed and kept under formal review.

Notifications had been made to HIQA relating to some incidents where safeguarding concerns had been raised by residents and relatives, these had been managed in line with the policy. The reports of the findings of the preliminary reviews, safeguarding plans and final investigation report (where completed) were found to be completed. The management oversight and recommendations made following any report were found to be implemented to improve practice.

A notification had been received about a report of responsive behaviours by a resident which had impacted on another resident. The inspector reviewed actions taken by the multi-disciplinary team. An internal investigation report by the person in charge was reviewed by the inspector. This confirmed the full review which took place, and the additional temporary supervision measures which were put in place to safeguard all residents. Efforts were made to identify and alleviate the underlying causes of any behaviours of concern, and this area was well managed. Resident and family involvement was well documented and meetings minuted. Overall, this approach focused upon identifying the behaviour as a form of communication, finding ways in which to identify the cause of any behaviours. There had been no recent reports of further episodes of responsive behaviours occurring at the service.

A record all visitors to the centre was maintained at the reception area to monitor access for visitors in and out of 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):

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

Findings:

The actions following the last inspection were satisfactorily addressed. This included the provision of a rail to prevent access to an external flat roof in a service area, and completion of a risk assessment to mitigate any risk to residents.

The hand washing facilities had also been reviewed in the four-bedded rooms. The inspector saw that sinks had been upgraded, hot and cold water was available with elbow controlled lever. Staff had clear access to sinks in each of the shared bedrooms. Hand gels were also in place throughout the premises and at the reception area.

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):

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

Findings:

The inspector found this Outcome as a continued non-compliance to the requirements of the regulations. At the last registration renewal, a non-standard condition of registration was applied by the Chief Inspector. A restriction on residents who may be admitted to the four-bedded rooms for long term care had been applied, until a plan for the physical environment had been submitted and accepted by the Chief Inspector. The provider was now seeking to have this condition removed. The centre accommodates up to 40 older people, five beds are currently allocated for respite admissions, and up to four people requiring special assessment and review on a short-term basis.

The inspector visited each of the bedrooms and communal space. The centre was built

in the 1800s and came into use as a nursing home in the 1970s. Accommodation is on the ground and first floor level. A large passenger lift is in place between floors. Safe secure landscaped internal gardens are located on the premises and both areas are fully accessible to residents from the ground floor sitting room. Communal space included three sitting rooms. The communal areas including the day-rooms and dining rooms were furnished comfortably. Some improvements in the centre had been made since the last inspection including completion of a private end-of-life bedroom, and one bathroom had been recently upgraded with a new hydro-therapy bath

Sufficient assisted toilets were available to meet the needs of the residents. Nonetheless, further improvements were required with the premises. The environment was reasonably maintained throughout, but the inspector saw some areas which required maintenance; such as painting of door frames associated with normal wear and tear. The flooring in a small number of bedrooms and halls was damaged and worn. There was no access to a hand washing sink in room 7 on the ground floor. One shower room required repair as it was seen to be out of use. The requirement of the standards to have one shower/bathroom to eight residents was not currently being met owing to one shower-room in dis-repair. The person in charge undertook to review this to undertake the necessary plumbing repairs to put the shower-room back into use.

Privacy locks were observed on all of the doors of the toilets, showers and bathrooms visited. Equipment provided allowed for independent living, and was consistent with the assessed needs of each resident. Grab-rails and hand-rails were in place and were appropriate to the dependency of the residents. Staff observed by the inspector ensured the privacy and dignity of residents when providing care.

Judgment:
Non Compliant - Moderate

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

Findings:
The provider had completed the works required to re-furbish and fit a private end-of-life care bedroom on the first floor. The person the charge confirmed this was always discussed with people as an option available to them should they require privacy at this time.

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):

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

Findings:

The personal activities undertaken in five multiple occupancy rooms had been reviewed, since the last inspection. Changes had been made to work practices and choices available to residents of where to eat and undertake activity.

The screening, both fixed and material curtains in place ensured that all reasonable measures were used when staff were assisting residents. A large number of people at the centre were accommodated in shared bedrooms. At the time of this inspection there were no further issues identified in terms of privacy and dignity for residents.

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:

Leone Ewings
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 Clare's Nursing Home
Centre ID:	OSV-0000517
Date of inspection:	05/09/2016
Date of response:	17/11/2016

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 03: Information for residents

Theme:

Governance, Leadership and Management

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

One contract of care is unsigned.

1. Action Required:

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

¹ 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:

This is one area we are unable to satisfactorily resolve. All options available to us have been put in place to address the remaining unsigned contract of care

Proposed Timescale: 07/11/2016

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 flooring was worn and required repair or replacement in shared bedrooms and in hallways.

The number of bath/shower rooms in place was inadequate.

There was no hand washing sink in the bedroom used as respite room on the ground floor.

2. 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:

- HSE Estates have visited in the unit in the past two weeks assessing the floors with a view to replacing floor covering
- HSE Estates have visited the unit in the past two weeks assessing the bathroom and the possibility of upgrading the bathroom to a wet room and wheelchair accessible toilet
- Maintenance Department were out on 2nd of November assessing the possibility of placing a sink in respite room we aim to have this completed by 17th December 2016.

Proposed Timescale: 17/12/2016