

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Catherine's Nursing Home
Centre ID:	OSV-0000429
Centre address:	Bothar Buí, Newcastlewest, Limerick.
Telephone number:	069 61411
Email address:	liz@scncw.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Newcastle West Nursing Home Limited
Lead inspector:	Caroline Connelly
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	65
Number of vacancies on the date of inspection:	2

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 March 2019 11:00	04 March 2019 19:00
05 March 2019 09:00	05 March 2019 17:10

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Non Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant
Outcome 08: Governance and Management		Substantially Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. As part of the thematic inspection process, providers were invited to attend information seminars given by HIQA. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

There had been improvements in the overall governance and management of the centre since the previous inspections in April and October 2018 and a number of systems had been put in place to ensure that the service provided is safe, appropriate, effective and consistently monitored. However on the previous inspection inspectors found that the centre was operating in breach of the Health Act 2007 in that there were two dependent residents residing in unregistered beds and this situation had been in place for a number of years. The provider had to apply for registration of these beds and deregister two other beds to regularise the situation and to come back into compliance with the Health Act 2007 Sec 46 (1) which clearly outlines that a person shall not carry on the business of a designated centre unless the centre is registered under the health act 2007.

During this inspection the inspector focused on the care of residents with dementia in the centre. The inspection also considered progress on some findings following the last inspection carried out on in October 2018 and to monitor progress on the actions required arising from that inspection. The inspector met with the provider, person in charge, Clinical Nurse Managers (CNM), residents, relatives, and staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents using a validated observation tool. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which was submitted prior to inspection.

The centre did not have a dementia specific unit however, at the time of inspection there were 19 of the 65 residents residing in the centre with a formal diagnosis of dementia. With 16 further residents suspected of having dementia. The inspector observed that many of the residents required a good level of assistance and monitoring due to the complexity of their individual needs but also observed that some residents functioned at good levels of independence. The inspector found that residents' overall healthcare needs were well met and they had very good access to appropriate medical and allied healthcare services. The quality of residents' lives had been further enhanced since the previous inspection by the provision of a choice of interesting things for them to do during the day. Improvements were seen to the activity schedules and an extension of activities to seven days per week. There was an ethos of respect for residents and the inspector found that residents appeared to be very well cared and residents and relatives gave positive feedback regarding aspects of life and care in the centre and the recent improvements seen. The inspector found that staff were knowledgeable about residents' likes, dislikes and personal preferences. Staff interacted with residents in a respectful, kind and warm manner. The inspector spoke with residents, who confirmed that they felt safe and were generally happy living in the centre. They were very complimentary about staff with one resident saying "staff are great, really kind and caring and will do anything for you. Overall, the inspector found the person in charge and the staff team were committed to providing a quality service for residents and were looking to implement some improvements for residents with dementia. However further training in dementia care was required for staff and further attention was required to ensure the physical environment was designed in a way that was consistent with some of the design principles of dementia care. Signage and cues were not available to assist residents with perceptual difficulties and to assist residents to locate facilities

independently. The use of restraint required further attention to be in line with national restraint guidelines.

The person in charge had submitted a completed self assessment tool on dementia care to HIQA with relevant policies and procedures prior to the inspection. The person in charge had assessed the compliance level of the centre through the self assessment tool and the findings and judgments of the inspector generally concurred with the centers judgments with the exception of safeguarding and safety which the person in charge assessed as substantial compliance but the inspector found non-compliance. Governance and management was also addressed on this inspection due to the centres history of poor governance and management. There continued to be improvements seen on this inspection with the introduction and implementation of more robust auditing and quality improvement systems. Despite the high turnover of staff Improvements were seen in staffing levels and the overall supervision of residents care. However due to the resignation of some senior nursing posts and the recruitment of a new CNM further clarity of senior nursing roles was required.

The inspector found that a number of improvements required on the inspection in October 2018 had been implemented, and other actions were partially completed and further actions were required. Actions required are discussed throughout the report and the Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2016 and the National Standards for Residential Care Settings for Older People in Ireland 2016.

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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in outcome 3. There were a total of 65 residents in the centre on the days of inspection. Forty residents had been assessed at maximum and high dependency needs, 18 residents had medium dependency needs and seven residents had low dependency needs. 19 residents had a formal diagnosis of dementia with a further 16 residents with a form of cognitive impairment. The inspector focused on the experience of residents with dementia in the centre on this inspection. The inspector tracked the journey of four residents with dementia and also reviewed specific aspects of care such as nutrition, wound care and end of life care in relation to other residents.

Residents' health care needs were supported by timely access to medical treatment. A number of general practitioners (GP) attended the centre on a regular basis. There was evidence that residents had access to allied health care services. This included the availability of in-house physiotherapy and physical therapy. Dieticians, speech and language and tissue viability was available through a nutritional company. These therapies supported the diverse care needs of residents. On the previous inspection the inspectors did note a delay in a referral of a resident with increased weight loss to a dietician. On this inspection improvements were seen in this process and there was a new system of weekly recording of key quality indicators (KQI'S) including weight loss. The reporting of quality care indicators highlighted issues and ensure speedier referrals as required. There were very good links with psychiatric services and specialist nurses visited residents who required review on a regular basis. The inspector saw that these specialists were involved in behavioural and medication plans for residents who exhibited behavioural and psychological symptoms of dementia. The inspector also observed that residents had easy access to other community care based services such as dentists and opticians. Overall, residents and relatives expressed satisfaction with the service provided.

Care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of validated tools. There was evidence of regular nursing

assessments using validated tools for issues such as falls risk assessment, dependency level, moving and handling, nutritional assessment and risk of pressure ulcer formation. These assessments were generally repeated on a three-monthly basis or sooner if the residents' condition had required it. Care plans were developed based on resident's assessed needs and regularly reviewed. However, although the review was documented on the care plan and often new interventions were documented, the older care plan remained in place and the inspector saw care plans in place since 2014. The inspector saw that some evaluations directed completely different care but the older interventions were never discontinued and could lead to errors. An example being of a resident having a normal diet in 2014 but in 2019 now requires a modified diet. The inspector required all older plans to be discontinued and the current and updated plan is evident to direct care. Overall, care plans were found to be person centred and improvements were seen since the previous inspection in care plans for residents exhibiting responsive behaviours to ensure all staff was consistent in approach to care provided. However further development of dementia specific care plans would ensure the health and social needs of residents with dementia were fully met. Nursing notes were completed on a daily basis.

The care delivered generally encouraged the prevention and early detection of ill health. For example, residents were enabled to make healthy living choices. Emphasis was placed in ensuring residents received flu vaccinations, attended exercise classes and physiotherapy. There was evidence that residents that were eligible for the national health screening programmes were facilitated and encouraged to attend. Residents were seen to be actively encouraged to mobilize in so far as their ability allowed them. Numerous residents were seen to mobilise freely around the centre with and without mobility aids and some attended the physiotherapist department unaided.

On the days of inspection there was no resident receiving end of life care. The vast majority of the residents who recently died had received full end of life care in the centre supported by the staff, GP's and if appropriate, the community palliative care team. There was evidence that the person in charge, the nursing team supported by residents' GPs and in consultation with residents' families; had established practices to include care procedures that would prevent unnecessary or unsuitable hospital admissions. There was evidence of planning for the end stage of life but further detail in the end of life care plans were required.

The inspector noted that a detailed hospital transfer letter was completed when a resident was transferred to hospital. Residents at risk of developing pressure ulcers had care plans and pressure relieving mattresses and cushions to prevent ulcers developing. Scientific assessment and measurement of wounds including photographs were evidenced to show improvements or deterioration in wounds. Staff had access to support from the tissue viability nurse if required for advice and dressing choice.

Improvements were seen in the systems in place to ensure residents' nutritional needs were met, and that residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. There was close monitoring of any resident at risk unintentional weight loss and the inspector noted that suitable clinical reviews and/or intervention was provided as required. Nursing staff told the inspector that if there was a change in a

resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files/records reviewed by the inspector confirmed this to be the case. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were generally complimentary about the food and choice provided. The inspector spoke to the chef and catering staff and noted that there was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. A record detailing residents' special dietary requirements and preferences was forwarded to the kitchen. Appropriate provision and alternatives were provided for residents who required celiac and diabetic diets. Some improvements were seen in the dining rooms and mealtimes in the dining rooms were observed by the inspector to be a social occasion. Residents who required specialised diets, fortified meals and altered consistency meals were facilitated and staff members were aware of individual resident's requirements. Some improvements in the choice for modified diets at tea time were required. Nutritional supplements were prescribed where appropriate and the inspector saw that these supplements were offered to residents at the appropriate times.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised, the resident was reviewed by the physiotherapist and care plans were updated to include interventions to mitigate risk of further falls.

There were centre specific up-to-date written operational policies advising on the ordering, prescribing, storing and administration of medicines to residents. Medicines were supplied to the centre by a retail pharmacy business. Medicines were stored securely in the centre in separate locked medication trolleys or within locked storage cupboards within a secured clinic room. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely within a locked metal cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines. Nursing staff were observed administering medicines to residents and the administration practice was in line with current professional guidance. Improvements were seen in the prescription and administration of medications that required administering in an altered format such as crushed. Medications that required crushing now had an instruction on each individual medication that could be crushed in accordance with best practice guidelines.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

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 inspector found that there were measures in place to protect residents from suffering harm or abuse. Staff interviewed by the inspector demonstrated a good understanding of safeguarding and elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The inspector saw that safeguarding training was being provided but not all staff had received this mandatory training. The person in charge provided assurances that training was scheduled for the following week for all outstanding staff. The action in relation to training is under outcome 5 Staffing. There was a policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise. Residents spoken to stated that they felt safe in the centre and were very complimentary of the kindness and respect shown to them by all staff. The inspector saw that there was an easy rapport between staff and residents. Residents and relatives spoken to articulated clearly that they had full confidence in the staff and expressed their satisfaction in the care being provided. The person in charge confirmed that all staff had Garda Clearance. This was found to be the case when a sample of staff files was examined.

The centre maintained day to day expenses for a small number of residents and the inspector saw evidence that complete financial records were maintained. The inspector reviewed the systems in place to safeguard resident's finances which included a review of a sample of records of monies handed in for safekeeping. Money was stored in individual pouches and was kept in a locked safe and a record was maintained. Each contained the name of the resident and signatures for lodgements and withdrawals were documented with a record of monies lodged or withdrawn as appropriate and a rolling balance. The person in charge along with a staff member regularly audited these records. This system was found to be sufficiently robust to protect residents.

Some residents with dementia had responsive behaviours. Behaviours described as problematic by staff included verbal and physical aggression. There was a policy on responsive behaviour and staff had been provided with training in the centre on behaviours that challenge which was confirmed by staff, however again some staff had not received this training which is scheduled for the following week. There was evidence that residents who presented with responsive behaviour were reviewed by their GP and referred to psychiatry of old age or other professionals for full review and follow up as required. The inspector saw evidence of positive behavioural strategies and practices implemented to prevent responsive behaviours. The records of residents who presented

with responsive behaviours were reviewed by the inspector who found that these were managed in a very dignified and person-centred way by the staff using effective de-escalation methods as outlined in residents' care plans.

There was a policy on restraint in the centre. Where restraint was required for a resident, the inspector saw evidence that there was an assessment completed. Consent was obtained from residents where possible for the use of restraint and there was evidence of regular checking of residents. However there were 33 residents out of the 65 residents using bedrails and nine residents restrained with lap-belts at the time of the inspection which is a high level of restraint usage taking into account the residents and dependencies in the centre. The inspector found that the assessment in place required further review and the person in charge said they were introducing a more robust assessment process and were looking to try to reduce the use of bedrails and other forms of restraint. The inspector saw this assessment tool and welcomed its implementation. Overall there was not evidence that the use of restraint was in line with national policy as there was not evidence that alternatives to restraint had been tried. Also although there was evidence of checking of residents with lap-belts there was not evidence of the option of motion and movement for 10 minutes every two hours. The management team were proposing with the increased supervision required in the day rooms the use of lap-belts should substantially reduce.

Judgment:

Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation

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:

Residents' religious preferences were facilitated through regular visits by clergy from different churches as required to the centre. There was mass held regularly in the centre and prayers were available each day. Residents were facilitated to exercise their civil, political and religious rights. The inspector noted that residents were enabled to vote in national referenda and elections as the centre was registered to enable postal polling. The inspector observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms.

Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in twin bedrooms to protect the residents privacy. Staff were observed communicating appropriately with residents who were cognitively impaired as

well as those who did not have a cognitive impairment. Communication techniques were documented and evidenced in residents care plans. It was clear that all residents were treated with respect. The inspector spent time observing resident and staff interactions and heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid attention to residents' appearance, dress and personal hygiene and were observed to be caring towards residents. Residents choose what they liked to wear. The hairdresser room had been recently renovated and now contained a coffee dock and appropriate posters. Photographs seen by the inspector showed residents enjoying hand massages and other pampering treatments in this room and residents confirmed the social experience of visiting the hair salon.

The inspector observed that there were many visitors at different times in the centre throughout both days of inspection. The inspector noted that staff knew the names of visitors and vice versa. Visitors told the inspector that they often spoke to staff and found them very approachable and helpful. The inspector observed that staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Visitors told the inspector that they were always made welcome and that there were plenty of areas in the centre to visit in private if they wished to. However many visitors did visit in the day rooms which was generally welcomed. However the inspector did observe that visiting taking place during certain activities was disruptive for other residents.

Residents had access to the daily newspapers and had access to radio, television, and information on local events. Improvements were seen in the availability and positioning of the televisions in the main lounge as required on the previous inspection.

There was an active residents' committee which met quarterly and was facilitated by the physiotherapist and physical therapist . Minutes from these meetings demonstrated that there was good attendances at the meetings and a variety of topics were discussed. There was evidence that residents with dementia were consulted with and actively participated in this meeting. There was an action plan completed following the meeting with actions taken or to be taken on issues that were addressed such as food, activities and laundry. This was completed by the person in charge and fed back to the residents. Resident and relative views were also elicited via a resident family survey undertaken in November 2018. The results of same were analysed and an action plan response developed in relation to improvements required. These were included in the annual review for 2018 and the quality improvement plan for the year ahead.

The inspector spoke with one of the recently appointed activities coordinator who was well experienced and very enthusiastic and committed to supporting residents to enjoy as meaningful and fulfilling activities as possible in the centre. She outlined how she had recently undertaken the Sonus programme and wished to further meet the particular needs of residents with dementia generally in one-to one and small group sessions. There was a varied and interesting programme of activities available to residents which included art therapy, bingo, live music, sing-songs, exercise groups, religious activities and other more individualised activities. This had substantially improved since the previous year and residents and relatives told the inspector how much they enjoyed the activities particularly the live music and bingo.

Residents had easy access to an independent advocacy service and contact details for advocacy services were displayed in the centre .

As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. The inspector spent time observing interactions during the morning, prior to, and after lunch and in the afternoon. These observations took place in the dining and communal room areas. Overall, observations of the quality of interactions between residents and staff in these areas for a selected period of time indicated that the majority of interactions were of a positive nature with good interactions seen between staff and residents.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

A written complaints policy was available in the centre and the inspector saw that the complaints procedure was displayed in a prominent place . There was a nominated person to deal with complaints in the centre and a second nominated person to monitor and ensure that all complaints were appropriately responded to. There was an independent appeals person nominated and the policy included the facility to refer to the Ombudsman if required. Residents and relatives spoken to, stated that they could raise any issue or concern, with the staff or person in charge.

The complaints log was reviewed and complaints were recorded in line with the regulations, including actions taken, learning from the complaint and the outcome of whether the complainant was satisfied with the outcome. The person in charge monitored complaints and endeavoured to resolve issues as soon as they arose. Records showed that complaints made to date were dealt with promptly and the learning from the complaint was recorded.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

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

Findings:

Residents and relatives spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. This was seen by the inspector throughout the inspection in the dignified and caring manner in which staff interacted and responded to the residents. Since the previous inspection in October 2018 there had been a large turnover of staff and subsequently an on going recruitment process to replace staff who had left. The person in charge informed the inspector they have successfully recruited and inducted a range of new staff.

The inspector saw that the numbers and skill-mix of staff on the day of the inspection was adequate to meet the assessed needs of residents. On the previous inspection it was identified that work practices required review particularly in relation to the distribution of resident's breakfasts and supervision of residents. This review was to ensure adequate staff were available to assist residents as required. Also inspectors noted that there were substantial delays in answering resident call bells and staff were not deployed to ensure supervision of the communal sitting rooms. The provider and person in charge informed the inspectors that they were currently reviewing the staffing levels, shift patterns and supervision of work practices. Since that inspection there has been a change in shift pattern to facilitate staff and ensure there was adequate staff to meet the needs of the residents. These changes included an extra care staff working a full night replacing a twilight shift and an extra staff in the morning to assist residents with breakfasts and personal care. The day of the inspection was the first day of the change but staff spoken to felt it was a welcomed change. Supervision of the day room was now included on the staff allocations and the inspector noted staff were available for meal times. The person in charge is conducting regular audits of call bell and response times are fed back to staff with a view to improve response times to the residents. On this inspection feedback from residents, relatives was that staffing levels had improved. Staff rosters were in place. Supervision of staff will be further discussed under governance and management outcome 8.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of regular staff meetings at which operational and staffing issues were discussed. The inspector saw that staff had available to them copies of the Regulations and Standards. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories. There was evidence that residents knew staff well and engaged easily with them in personal conversations.

Mandatory training was in place for staff in fire and moving and handling and this was provided by a staff member who had undertaken an instructors course in both areas. However up to date training in safeguarding, and responsive behaviours was missing for

a number of staff. Mandatory training has been non-compliant on all recent inspections of the centre. The person in charge explained that due to the high turnover of staff resident care had to be prioritised and training had to be postponed she provided the inspector with assurance that this training was scheduled and booked and all staff would be trained by the 13 March 2019. Other training provided included dementia specific training, infection control, end of life, continence promotion, food and nutrition hydration and the management of dysphagia. Nursing staff confirmed they had also attended clinical training including vene-puncture (blood-taking) and wound care. Training for the introduction of the new medication management system was also ongoing. Activity staff had completed Sonus training which is specific for residents with dementia. However further training in dementia would be beneficial for all staff.

There were policies in place for staff recruitment and training which were found to be comprehensive. There was evidence of a comprehensive induction and new staff confirmed that this had taken place.

All nursing staff were on the live register with Bord Altranais agus Cnáimhseachais na hÉireann, or Nursing and Midwifery Board of Ireland and many of the health care assistants had completed the Further Education and Training Awards Council (FETAC) level five qualifications. The person in charge confirmed that no staff commenced employment until satisfactory Gardaí vetting, references and all the requirements of schedule 2 of the regulations had been attained. The inspector reviewed a sample of staff files which included all the required information under Schedule 2 of the regulations. Registration details with Bord Altranais agus Cnáimhseachais na hÉireann for 2019 for nursing staff were seen by the inspector.

Judgment:

Substantially Compliant

Outcome 06: Safe and Suitable Premises

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:

St Catherine's Nursing home is located in the town of Newcastle west, in Co Limerick. The building was previously a convent and has been in operation as a designated centre for over ten years. It is a two story building set in large grounds and in close proximity to all amenities in the town. Resident's private accommodation consists of 49 single bedrooms, two single bedroom apartments and seven twin bedrooms with en-suite facilities. There are a sufficient number of other toilets, assisted bathrooms and showers to meet the needs of residents. Communal accommodation, such as dining and lounge

facilities are located on both floors, an oratory and hairdressing room were available on the ground floor. There are three lifts allowing easy access between floors. There was an enclosed courtyard/garden area with seating for resident and relative use. There was an extensive mural on the courtyard wall which could be seen and enjoyed from others parts of the centre and was much admired and enjoyed by all.

There is a functioning call bell system in place and there was suitable storage for residents' belongings. The inspector saw that many bedrooms were much personalised with residents own items, pictures and belongings. The centre maintained a safe environment for resident mobility with hand-rails in circulation areas and corridors generally kept clean and tidy. There was appropriate heating and improvements in lighting. There was a variety of communal seating areas on parts of the corridors where residents can sit and look out to the courtyard both upstairs and downstairs.

During the past two inspections of the centre in April and October 2019 there were a large number of issues identified with the premises. A new maintenance contractor was in place since July 2018 who has put in system of regular checking of the premises and equipment. Due to the large number of issues identified he was proactive in responded to issues as they occurred as well as establishing a system of ongoing maintenance and regular checking and servicing. Contracts were now seen to be in place for hoists, beds, wheelchairs and other specialised equipment. Broken and unused equipment that was blocking exits on the previous inspection had all been removed and extra storage areas such as external sheds had been put in place. External courtyard area was all cleaned up and planted with flowers and tubs. During the inspection in October 2018 it was identified that there remained a number of issues identified with the premises that did not comply with the requirements of schedule 6 of the regulations:

Since then there have been continued improvements which included:

- Six of the ten showers have been totally renovated to wet rooms and tiled appropriately and the four remaining are scheduled for completion.
- an ongoing programme of painting and decoration inside and outside has taken place and is on-going.
- Improvements were seen in the layout of the sitting room upstairs and in the positioning of chairs and televisions to ensure all residents had easy access to the television and the sitting room was suitable for all residents living there.
- lighting had been substantially improved with the addition of brighter ceiling lights and floor lamps in the upstairs sitting room. This had substantially improved the lighting and the room was now bright enough to enable residents to read in there.
- flooring in the bathroom of one of the apartments and in the sluice room was replaced.

A very comprehensive system of emergency lighting has been put in place and has been completed in all residential areas upstairs and downstairs. The one exception is in one of the residents apartments which has been prioritised for completion by 15 March and office areas by the 30 March 2019.

The inspector met with the electrician during the inspection who demonstrated the system. There was a well-equipped and well stocked kitchen. Environmental health officer reports were available. Kitchen staff had received appropriate training and suitable staff facilities for changing and storage were provided.

The inspector identified that improvements in relation to signage and visual cues was

required to assist residents to locate facilities independently. This is particularly relevant when it comes to residents with dementia and perceptual difficulties. Parts of the centre had long corridors which lacked signage, pictures and a homely atmosphere. Further attention is required to the use of colour, pictorial and text signage to find communal rooms and bedrooms and to ensure the environment is consistent with the design principles for good dementia care. There was a lack of dementia specific items such as tactile boards, rummage boxes, pictorial menus. The person in charge agreed to review the premise in relation to ensuring adequate visual cues and signage to support residents in navigating the various areas within the centre.

Judgment:

Substantially Compliant

Outcome 08: Governance and Management

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:

There had been improvements in the overall governance and management of the centre since the previous inspections and a number of systems had been put in place to ensure that the service provided is safe, appropriate, effective and consistently monitored. However on the previous inspection inspectors found that the centre was operating in breach of the Health Act 2007 in that there were two dependent residents residing in unregistered beds and this situation had been in place for a number of years. The provider had to apply for registration of these beds and deregister two other beds to regularise the situation and to come back into compliance with the Health Act 2007 Sec 46 (1) which clearly outlines that a person shall not carry on the business of a designated centre unless the centre is registered under the health act 2007.

On the previous inspection inspectors found that although there is a management structure in place and regular governance meetings are taking place, further improvements were required in defining roles and responsibilities to ensure effective governance and management of the centre. A number of the non-compliance's identified on the previous inspection had been addressed or progress was made towards addressing them. These included the introduction of weekly recording of key quality indicators to monitor quality and safety of care provided and ongoing audits demonstrated improvements in the quality and safety of care. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. Work practices and shift patterns had been reviewed and altered to ensure adequate staff were available to assist at meal times and provide supervision of the day rooms. There had

been a substantial investment in the provision of mandatory training to staff with further training scheduled.

However there had been a high turnover of staff and staff that left the centre or were due to leave including the Assistant Director Of Nursing (ADON) and one of the CNM's. A new CNM had been recruited and was currently on induction in the centre. The ADON position was currently being recruited for but had not been filled at the time of the inspection. The inspector was satisfied that the roles of the board, person in charge and administrator were clear. However as identified at the last inspection further improvements were required in defining roles and responsibilities of senior nursing staff to ensure effective governance and management of the centre and that staff supervision and clinical governance was effective..

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:

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Regulation Directorate
Health Information and Quality Authority

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Action Plan



Provider's response to inspection report¹

Centre name:	St Catherine's Nursing Home
Centre ID:	OSV-0000429
Date of inspection:	04/03/2019
Date of response:	02/04/2019

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 01: Health and Social Care Needs

Theme:

Safe care and support

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

There were a number of areas where improvements were required with care planning in the centre.

Care plans were not always updated following evaluations and older interventions were not discontinued which could lead to errors

Dementia specific and end of life care plans required further development.

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

1. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

- An audit of all care plans to be conducted – ensuring evaluations and older interventions are discontinued reflecting current care and reducing the risk of errors- June 30th 2019
- Admission booklet – will be reviewed and updated in compliance with regulation 5(3).- Sept 2019.
- Dementia specific and end of life care plans to be reviewed further developed to reflect residents wishes and needs. June 30th.
- PIC,ADON CNM Staff Nurses and Carers have been enrolled into project echo which is a training session aiming at supporting the knowledge skills and confidence of staff caring for residents with life limiting conditions. This course will enable the staff to have a confident approach in palliative care and devise an appropriate care plan at end of life. Once the course is completed the ADON will present all staff with the course content and information.
- Dementia training scheduled.

Proposed Timescale: 15/09/2019

Outcome 02: Safeguarding and Safety**Theme:**

Safe care and support

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

There were 33 residents out of the 65 residents using bedrails and nine residents restrained with lap-belts at the time of the inspection which is a high level of restraint usage taking into account the residents and dependencies in the centre. There was not evidence that the use of restraint was in line with national policy as there was not evidence that alternatives to restraint had been tried. Also although there was evidence of checking of residents with lap-belts there was not evidence of the option of motion and movement for 10 minutes every two hours as required.

2. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

- The residents using bed rails were reassessed using a Restraint Assessment tool in line with National Restraint Policy and the use of restraint was reduced to 25 residents.

- Other options are being researched.
- Board meeting was held on 1/04/19, the member of the board have agreed to purchase four low-low beds in the budget for this year and will continue to include the purchase of these beds in the long term budget plans for the coming years.
- The use of Lap belts was immediately re-assessed following the inspection using a similar tool and the use of lap belts has been reduced to one.
- Carers are now allocated for supervision in the resident's sitting rooms. The carer allocated for supervision is documented on the weekly staff allocation.
- All staff are aware residents using lap belts must be released every two hours for ten minutes to ensure there is an option for motion and movements. This will be documented using the revised tool.
- This has been communicated to all members of staff and CNM are supervising to ensure that staff are complaint and the appropriate documentation is completed.

Proposed Timescale: 30/06/2019

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Although imminent dates were scheduled for safeguarding and responsive behaviour training these were not completed at the time of the inspection.

There are a number of residents in the centre with dementia and a number of staff did not have training in dementia care .

3. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

- All staff have completed the safeguarding and responsive behaviour training on Wednesday the 13th of March
- Dementia and communication training is scheduled for the 2nd, 9th and the 10th of April 2019

Proposed Timescale: 15/05/2019

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

The inspector identified that improvements in relation to signage and visual cues was required to assist residents to locate facilities independently. This is particularly relevant when it comes to residents with dementia and perceptual difficulties. Parts of the centre had long corridors which lacked signage, pictures and a homely atmosphere. Further attention is required to the use of colour, pictorial and text signage to find communal rooms and bedrooms and to ensure the environment is consistent with the design principals for good dementia care.

Requirements for the completion of ongoing maintenance as identified on the previous inspection in relation to en-suite bathrooms and painting of the centre.

4. 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:

- Way-finders have been contacted in relation to signage and cues to assist residents to locate facilities independently and this includes bedrooms, bathrooms, dayrooms, and corridors. The signage will be completed by May 30th
- Pictures to be purchased to provide a homely environment.
- Ten bathrooms have been completed with view to a further 10 scheduled to be completed by the year end 2019
- Emergency lighting outside the resident's apartment has been completed.
- The offices and the main corridor to be completed by the 30th April 2019.
- Painting is on-going and will be completed by the end of 2019

Proposed Timescale: 31/12/2019

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

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

Improvements were required in defining roles and responsibilities of senior nursing staff to ensure effective governance and management of the centre.

5. Action Required:

Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

- Two CNM have been recently appointed to the centre. They are been allocated to one floor each and will be responsible for the management of the appointed floor and the supervision of the staff. The CNM's will report to the ADON

- ADON has been appointed to assist the person in charge and the overall management of the centre. The ADON office is situated on the floor to ensure supervision and effective governance.
- Each role with responsibilities has been clearly defined.
- The staff nurses roles and responsibilities have been defined including their supervisory responsibilities.
- The ADON will report directly to the PIC
- CNM/ ADON meetings are scheduled on a weekly basis to discuss the management plans and the residents care.
- Fortnightly multidisciplinary meetings to discuss person centred holistic approach to resident care
- Service Manager (non clinical) has been appointed to co-ordinate services in the kitchen laundry and cleaning as well as assisting with planning the training schedule. Service manager has commenced on 19/03/19.
- Monthly quality improvement meeting conducted and Monthly Board Meetings.
- Two monthly residents meetings

Proposed Timescale: 02/04/2019