Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	St Mary's Residential Centre
Name of provider:	Health Service Executive
Address of centre:	Shercock Road, Castleblayney, Monaghan
Type of inspection:	Unannounced
Date of inspection:	17 April 2024
Centre ID:	OSV-0000495
Fieldwork ID:	MON-0042591

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The designated centre provides 24-hour nursing care to 70 residents, male and female who require long-term and short-term care (assessment, rehabilitation convalescence and respite). The centre is a single story building containing three distinct houses. Lorgan House is a 21 bedded specialist dementia unit. Dromore House accommodates 25 residents requiring continuing and palliative care and Drumlin House has 25 beds but only provides care for 24 residents needing continuing and palliative care. The additional bedroom is a designated facility only for end of life care. The philosophy of care is to embrace ageing and place the older person at the centre of all decisions in relation to the provision of the residential service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	68

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 17 April 2024	09:45hrs to 17:15hrs	Sheila McKevitt	Lead

What residents told us and what inspectors observed

The feedback obtained from residents and their relatives on the day of this inspection was very positive in relation to life in the centre. They all concurred on the fact that the needs of residents were met and they received a good standard of care.

Residents spoken with said that staff responded to their needs promptly and that there were always enough staff on duty. Relatives confirmed this and added that they never observed a shortage of staff. The inspector observed that their were enough staff on duty in each of the units to meet the needs of the residents.

Staff across all disciplines were observed speaking with residents kindly and respectfully, and interacting with them in a friendly manner. The inspector observed that staff respected the privacy and dignity of residents in their own spaces, as they were seen knocking on bedroom doors prior to entering.

Relatives said there were no restrictions on visiting. They explained how they were not permitted to go into the dining room when residents were having lunch and this was respected as it was seen as a positive measure to ensure residents' mealtimes were protected. The inspector was informed that residents had made this request at one of their meetings.

The inspector observed lunchtime in two of the three dining rooms and saw that there were plenty of staff available to assist residents. Residents had a choice of meals and each dining room table had a menu on it displaying the choices available for each meal. However, condiments, sauce bowls and drinks were not available on each of the dining room tables. The service provided was not conducive to promoting residents' independence. Residents had to ask staff if they wanted salt, pepper, butter, an additional drink or gravy for their dinner. The inspector observed staff doing things for residents that residents were capable of doing for themselves. For example, staff were observed opening salt and pepper sachets and emptying them onto residents' dinners when the resident appeared to be capable of doing this for themselves.

Residents told the inspector that they saw their general practitioner (GP) when they required. Relatives spoken with said that the communication between the nursing staff, the residents and families was good and they were kept informed of updates on their loved one and life in the centre.

All residents' laundry was done by an external provider, some relatives felt that the labeling of the laundry could be improved and this information was fed back to the management team at the end of the inspection.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these

arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection during which the compliance plans from the previous two inspections were followed up on. The inspector found that most of the compliance plan responses had been implemented. The work in relation to fire doors was in progress and this work was planned for completion by the end of April. The inspector found that the centre was appropriately resourced for the effective delivery of care and that there were good governance and management arrangements in place to ensure the service was consistent and appropriate. However, some improvements were required in relation to the use of restrictive practices and the implementation of a rights-based approach to care.

The registered provider of St Mary's Residential Centre is the Health Service Executive (HSE). There was a clearly defined management structure in place. The management structure, as set out in the centre's statement of purpose was in place. It consisted of a person in charge supported by an assistant director of nursing, and two clinical nurse managers. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication.

Although there was a process in place to oversee the delivery of care and a restrictive practice register was maintained, the rationale for the use of some equipment was not clear from the residents' documents reviewed, as further detailed under Regulation 7. Therefore, a strengthening in the oversight of this area of practice was required.

The annual review for 2023 was in progress. It ran from May to May each year. The inspector saw that feedback had been received from the residents and was in the process of being analysed.

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. Staff nurses had completed training in medication management, assessment and care planning and some had completed training on the use of restrictive practices. All staff had completed infection prevention and control training and hand hygiene. However the findings of this inspection evidence that training was required on a rights-based approach to care and the use of restrictive practices.

Records requested were made available and were overall found to be in compliance with the legislative requirements.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration had been received. It contained all the required information and was being processed.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents and taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had not completed training in a rights-based approach to providing safe services and supports to residents and the inspection found that staff practices were not appropriate and did not consistently promote residents' independence.

All clinical staff had not completed training in the use of restrictive practices. As a result, the use of restraints was not informed by best practice.

Judgment: Substantially compliant

Regulation 21: Records

Records set out in regulations were maintained and available for review.

Judgment: Compliant

Regulation 23: Governance and management

A strengthening in the oversight of the use of restrictive practices, a rights-based

approach to care and medication management systems was required.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A written statement of purpose that contained the information as required by the regulation and reflected how the service operates was available to residents and had been reviewed within the past year.

Judgment: Compliant

Regulation 30: Volunteers

A policy in relation to volunteers had been developed and implemented. It was reviewed and found to meet the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

All Schedule 5 written policies and procedures were available and reviewed within the past three years. They were found to be in line with regulations.

Judgment: Compliant

Quality and safety

The residents living in St Mary's Residential Centre were receiving a good standard of care and attention from a stable team of staff, many of whom had worked in the centre for a long period of time and knew the residents well. It was evident that staff worked hard to ensure that residents' needs were met. However, the approach to some aspects of care delivery required review to ensure a rights-based approach to care was practiced and to ensure that residents were only restricted when all other forms of non-restrictive care practices had failed.

The inspector found that most of the issues highlighted in the previous report in

respect of fire safety had been addressed. The work required in relation to fire doors was in progress and was scheduled for completion by the target date of 30 April 2024.

The inspector saw evidence that fire drills were being practiced weekly with staff. These drills were practiced in the larger sub-compartment such as, the one with 16 beds and assured the inspector that staff could evacuate residents safely in a timely manner.

The premises were clean and bright and provided a homely environment. Some furniture had been removed from the corridors which were wide and now clear of any obstruction. One external evacuation route had moss and debris on it, however this was addressed prior to the end of the inspection.

The inspector observed that residents generally received a good standard of care and support. The end of life care service was in line with the legislative requirements.

There were lots of positive changes made to medication management practices. However, improved oversight of the checking of incoming medication was required to provide a consistent, safe and high quality service.

The inspector noted that there was an over use of bed, chair and floor sensor mats. A review of documentation did not outline a valid rationale for their use and staff spoken with said their goal was to prevent the resident from falling irrespective of their right to mobilise freely. Staff did not have a clear understanding of a rights-based approach to care.

Regulation 13: End of life

The inspector was assured that each resident received end-of-life care based on their assessed needs, which maintained and enhanced their quality of life. Each resident received care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 17: Premises

The premises was found to be in a good state of repair inside and outside.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy available for review. It met the legislative requirements.

Judgment: Compliant

Regulation 28: Fire precautions

Fire doors throughout the centre were in the process of being repaired to ensure the gaps around the perimeter, missing smoke and fire seals and non-fire rated ironmongery were replaced. This work was due to be completed by 31 April 2024 as per the compliance plan submitted following the inspection carried out on 12 September 2023.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based.

The inspector observed good practices in how the medicine was administered to the residents. Medicine was administered appropriately, as prescribed and dispensed.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Records reviewed did not evidence that residents displaying responsive behaviours from time to time or posed a risk to themselves were managed in the least restrictive manner. For example:

- Three residents in the dementia unit had two sensor alarms in place. The inspector was informed that the rationale for their use was to ensure staff were alerted to when these residents were mobilising from their bed as they were assessed as at a high risk of falling, however some of these residents had not had a fall for over one year.

There was no restrictive practice assessment in use and therefore it was not clear what if any other measures had been trialled prior to using sensor mats.
Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant

Compliance Plan for St Mary's Residential Centre OSV-0000495

Inspection ID: MON-0042591

Date of inspection: 17/04/2024

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff to have training on a rights-based approach to providing safe services and supports to residents by 30th June 2024 All clinical staff will complete training in the use of restrictive practices by 31st July 2024	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • A trend analysis will be carried out to strengthen the oversight of the use of restrictive practices. This trend analysis of restraints will capture the restraints in use prior to the introduction of a new restrictive practice risk assessment and training on restrictive practices. This analysis will be completed by 10th August 2024 • The Management Team will audit the rights-based approach to care by including it in the Centre's walkabout audits, this will be introduced to each house by 31st May 2024. • A review of medication management in terms of medication reconciliation has been carried out, and on receipt of medication, the staff nurse and pharmacist now check and sign in all medication received and a record is kept.	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire doors throughout the Centre have been repaired to ensure the gaps around the perimeter, missing smoke and fire seals and non-fire rated ironmongery were replaced. This work has been completed by 31 April 2024. Fire doors will be checked bi-annually and the necessary repairs carried out as required	
Regulation 7: Managing behaviour that is challenging	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: A review of all restrictive equipment and practices being used in the Centre will be carried out by 31st July 2024. The review will ensure all residents who display responsive behaviours or for those who pose a risk to themselves are managed in the least restrictive manner. A restrictive practice risk assessment will be introduced by 30th June 2024 to demonstrate what other measures had been trialled prior to using sensor mats.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/07/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	10/08/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/04/2024
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other	Not Compliant	Orange	31/07/2024

	persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.			
Regulation 7(3)	The registered provider shall 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.	Not Compliant	Orange	31/07/2024