



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

Issued by the Chief Inspector

Name of designated centre:	Queen of Peace Nursing Home
Name of provider:	Queen of Peace Nursing Home Limited
Address of centre:	Churchfield, Knock, Mayo
Type of inspection:	Unannounced
Date of inspection:	06 September 2023
Centre ID:	OSV-0000379
Fieldwork ID:	MON-0037542

About the designated centre

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

Queen of Peace Nursing Home is a purpose built facility located near Knock, Co Mayo. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is constructed over two floors with residents occupying the ground floor only. Resident bedrooms are single and double occupancy. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	30
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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 6 September 2023	09:00hrs to 17:00hrs	Lorraine Wall	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector observed that residents were supported to enjoy a good quality of life supported by a team of staff who were kind, caring and responsive to their needs. The overall feedback from residents was that they were happy with the care they received and that staff looked after them very well.

This was an unannounced inspection and on arrival to the centre, the inspector was greeted by the General Manager and the Person in Charge. An introductory meeting was commenced, followed by a walkabout of the centre with the general manager. This gave the inspector an opportunity to meet with residents and staff, to observe the residents in their home environment and to observe staff practices. As the inspector walked around the centre, they observed that many residents were resting in their bedrooms whilst others were relaxing in the communal rooms.

Queen of Peace Nursing Home is comprised of two floors, with the residents occupying the ground floor. The designated centre is a purpose built nursing home that can accommodate a maximum of 32 residents. Queen of Peace Nursing Home is located on the outskirts of Knock, Co. Mayo.

The centre was warm, bright and clean and tidy throughout. There was a homely atmosphere in the centre and it was evident that residents all knew each other well. Residents' bedrooms were well appointed and suitable for the assessed needs of the residents. Rooms were spacious and many were decorated with residents' individual photos and memorabilia.

The inspectors observed that residents were well-dressed and were found to be wearing well-fitting clothes and footwear. Residents were observed being supported by staff to attend to their personal care requirements. These tasks were carried out in a friendly and unhurried manner. It was obvious that staff were aware of residents' needs and that residents felt safe and secure in their presence.

The majority of residents who spoke with the inspector said that they were happy with the food in the centre. The inspector observed staff assisting residents in a respectful manner during meal time.

During the morning of the inspection, the activity coordinator was observed facilitating rosary and activities in one of the day rooms and a number of residents were taking part in this and appeared to be enjoying these activities. The inspector reviewed scrapbooks, which were updated monthly, with various pictures of the residents activities and outings. Some residents told the inspector that they like to spend time in the garden and the inspector observed that the garden doors were open for residents to access the garden if they so wished. The garden has a vegetable patch which some residents like to use in the summer.

Some residents told the inspector that they "would like to go out more" but they are

"not allowed" to go out on their own. One resident told the inspector that they "used to love to go out walking" but they cannot go out alone and "you are lucky if you can get someone to bring you."

Visitors were observed coming and going on the day of the inspection. There were no restrictions on visiting and residents were observed meeting their visitors both in private and in the communal areas of the centre. The inspector spoke with some of the residents' visitors and the feedback about the service provided was overwhelmingly positive.

The next two sections of the report will present the findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed under the relevant regulations.

Capacity and capability

Overall, this inspection found that Queen of Peace Nursing Home was well-managed for the benefit of the residents who lived there.

The oversight and governance systems that were in place helped to ensure that care and services were provided in line with the designated centre's statement of purpose and that residents were able to enjoy a good quality of life in which their preferences for care and support were upheld.

This inspection was carried out to monitor compliance with the Health Act 2007 Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The registered provider for this designated centre is Queen of Peace Nursing Limited. There was a clearly defined management structure in place that identified the lines of authority and accountability. The person in charge is supported in their day-to-day role by a general manager, two clinical nurse managers and a team of nurses and health care staff. There were sufficient staff resources in place on the day of the inspection.

The inspector reviewed a sample of staff files and found that they met the criteria of Regulation 15: Staffing. The recently appointed person in charge is a qualified nurse and has the necessary qualifications and experience as set out in the requirements of Regulation 14: Persons in charge.

Staff training records and inspectors observations showed that staff had appropriate access to mandatory training in fire safety and safeguarding.

The inspector reviewed governance and management documentation including audit records, meeting minutes and complaints. The inspector found that there were

appropriate systems in place to provide effective oversight and to monitor the quality of care and services provided for the residents. Where improvements were identified, an action plan had been put into place and this was also identified in the centre's quality improvement plan. However, the oversight of care planning documentation had not identified that social care plans were not in place for all residents and that where a resident had identified communication needs that an up to date care plan was in place to ensure these needs were being met.

The inspector reviewed management and staff meeting records, staff communications and spoke with staff working in the designated centre on the day of the inspection. There were clear lines of communication in place between staff and managers. Reporting structures were clear and staff were seen to work co-operatively with each other which helped to create a positive and calm atmosphere for the residents.

A review was required to ensure that day rooms were being used in accordance with the centre's statement of purpose. For example, one of the residents' day rooms was used for staff meetings and staff training where required. This meant that during this time residents could not use this room.

The inspector observed environmental restraints within the centre which the provider had not notified to the Chief Inspector as per the requirements of Regulation 31: Notification of incidents.

A directory of residents was available for review and contained all of the information as set out in Regulation 19.

The inspector reviewed policies and procedures which had recently been updated and included all of the requirements of the regulations as set out in Schedule 5 of the regulations.

The inspector reviewed the complaints log and found that complaints were appropriately managed in the centre. The complaints policy and procedure had been updated to reflect the recent changes in legislation.

Regulation 14: Persons in charge

The person in charge is a qualified nurse and meets the requirements of Regulation 14.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff was appropriate to meet the needs of all residents, in accordance with the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff were appropriately supervised. All staff were up to date with mandatory training.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was available for review and met the requirements of Regulation 19.

Judgment: Compliant

Regulation 23: Governance and management

The management and oversight systems in place to ensure compliance with the Health Act 2007 (Care and Welfare of resident in Designated centers for Older People) Regulations 2013 required improvements in the following areas:

- A review of residents' assessments and care planning documentation found that actions were necessary to ensure residents' communication and social care needs were appropriately assessed and that comprehensive care plans were developed consistently, to guide care delivery.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

While notifications were submitted within the specified time frames and as required by the regulations, quarterly reports submitted to the Chief Inspector did not include the following:

- the use of environmental restraint, such as external doors with key code locks that restricted residents' movement in the centre.
- the use of bed and chair sensor alarms for residents who required these.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints procedure which contained all the requirements of Regulation 34. All complaints were accurately recorded and promptly investigated to the satisfaction of the complainant.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had ensured that all policies had been updated in line with the requirements of schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

The inspector observed that the interactions between residents and staff were kind and respectful throughout the inspection. The majority of residents were satisfied with the quality of care they received and staff spoken to were knowledgeable of residents needs.

Nonetheless, the inspector found that action was required to ensure compliance with Regulation 9: Residents rights, Regulation 17: Premises, Regulation 11: Communication difficulties and Regulation 7: Management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

The general practitioner (GP) attended the centre weekly or more often if residents

required review. While residents had timely access to most allied health services including physiotherapy, dietician and a tissue viability nurse, the inspector was not assured that the provider had taken adequate steps to ensure that each resident who required a speech and language assessment had been supported to do so in a timely manner or that a resident who had communication difficulties had been supported to communicate effectively.

The person in charge told the inspector that there was currently a long waiting time for occupational therapy services. Presently, there are no residents awaiting an assessment from occupational therapy.

The centre had an electronic resident care record system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. A range of validated nursing tools were in use to identify residents' care needs. However, some residents who required a positive risk taking assessment had not been assessed in relation to this aspect of their care and this prohibited those residents from taking these risks; for example, having the ability to leave the centre alone.

The inspectors reviewed a sample of residents' files and found that while the assessments and care plans viewed were generally comprehensive and up to date improvements were required in both assessment and care planning in relation to residents' communication needs and social care needs. Residents were adequately supported in relation to their mealtime options. The inspector observed residents being supported at mealtime in a respectful and unhurried manner.

The provider had systems in place to ensure that residents were protected from the risk of abuse. The provider did not act as a pension agent for any residents.

Overall, the centre was clean and well laid out for the residents. Staff were observed to use good hand hygiene techniques and follow best practice in relation to infection prevention and control. The communal rooms were spacious and homely and were tastefully decorated. Corridors were wide and contained rails fixed to the walls to assist residents with their mobility. Residents' rooms were single or twin occupancy and met the requirements of Regulation 17: Premises. Walls in some areas of the centre required repainting and the use of residents' day room for occasional training required an alternative option, as this room is registered for residents' use.

Improvements were required in the management of risks to promote positive risk taking and ensure that the rights of all residents were upheld, particularly in relation to residents who wished to go outside of the centre into the local community either with the support of staff or independently. Furthermore there was no planned schedule of activities and the activities were decided upon each day. Although residents were observed attending activities on the day and were seen to be enjoying these sessions it was not clear how staff ensured that residents were provided with enough information and choice in relation to daily activities. Furthermore the lack of a planned schedule meant that residents could not plan their day or their week in advance.

Feedback from residents was encouraged through residents' meetings and the

inspector observed that some residents requests had been implemented, however; there was no evidence that these suggestions and requests had been acted upon.

Residents were observed meeting with their visitors and there were no restrictions on visiting in the centre. Residents had access to religious services and were supported to practice their religious faiths in the centre.

Regulation 10: Communication difficulties

The inspector was not assured that all residents with communication difficulties were supported to communicate effectively. Residents who had communication difficulties did not have an appropriate plan in place to support them to communicate.

Judgment: Substantially compliant

Regulation 11: Visits

Inspectors observed visits taking place in line with the Health Protection Surveillance Centre (HPSC) National guidelines. The centre had suitable areas for visiting to take place in private.

Judgment: Compliant

Regulation 17: Premises

The premises was clean and laid out in a manner that suited the needs of the residents. The premises was kept in a good state of repair, however some improvements were required in order to bring the centre into full compliance with Regulation 17:

- Walls in some areas of the centre required repainting.
- One of the residents' day rooms was used for staff meeting and training from time to time. This was not in line with the purpose of this room which is laid out in the centre's statement of purpose as a communal room for resident use.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were adequately supported to make choices in relation to their meal time options. Residents were aware what they were having for dinner on the day of the inspection. Picture menus were available for those residents who required support with choosing meals.

There were enough staff on duty to support residents at meal times.

Residents with nutritional needs were provided with appropriate diet and fluids in line with their needs and preferences.

Judgment: Compliant

Regulation 27: Infection control

The inspector observed that there were infection prevention practices in place, consistent with the standards for the prevention and control of health care associated infections. The centre was very clean and staff were observed to use good hand hygiene techniques.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of assessments and care plans and found that they were updated in line with the requirements of Regulation 5. Care plans were detailed for the most part, however; some care plans required review to ensure that all residents' needs were being met. This was evidenced by:

- Some residents did not have social activity care plans in place.
- One resident who was non verbal and who required significant support to communicate did not have their needs adequately assessed in order to ensure that they could communicate more effectively.
- Some residents who had expressed a wish to go out of the centre did not have this choice recorded in their assessment information and did not have a care plan in place to support them to access their local community either

independently or with support in line with their abilities.
Judgment: Substantially compliant
Regulation 6: Health care
Residents had access to a general practitioner (GP) of their choice. GPs visited residents regularly. Allied health professionals such as dietitian, physiotherapist, occupational therapist, speech and language therapy, and tissue viability nurse were made available to residents, where required.
Judgment: Compliant
Regulation 8: Protection
Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded.
Judgment: Compliant
Regulation 9: Residents' rights
<p>Actions were required to ensure that the rights of all residents were consistently respected:</p> <ul style="list-style-type: none"> • Residents in twin bedrooms only had one television which meant that they did not have individual choice of television viewing and listening. • Improvements were required to ensure that the management of risk in the centre promoted residents' choices in their daily routines and supported residents to access their local community if they wished to do so. • While there was an activity schedule in place on the day of the inspection, a weekly activity schedule was not available for review. This meant that residents were not aware what the upcoming activities were.
Judgment: Substantially 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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Queen of Peace Nursing Home OSV-0000379

Inspection ID: MON-0037542

Date of inspection: 06/09/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The management team is actively dedicated to enhancing our compliance with regulation 23. We have conducted a comprehensive review and updated all communication and social activity care plans for residents, ensuring that their unique communication needs are accurately assessed and documented.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Regulation 31, the Person in Charge will incorporate details about the use of beds and chair alarms, along with any other environmental restraints, in the forthcoming quarterly reports and beyond. A resident survey has been conducted to evaluate the usage of coded doors, and a specialized restraint committee has been established to ensure a restraint-free environment in the nursing home. Any instances of restraint usage will be duly documented and reported in the quarterly reports.</p>	
Regulation 10: Communication difficulties	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 10: Communication difficulties:</p> <p>Regulation 10, Residents with communication challenges will be promptly referred for speech and therapy services, with the incorporation of assistive devices and technologies to improve their communication abilities. These updates will be integrated into the individual care plans of the residents. The care plans and assessments will undergo routine evaluations, with the inclusion of consultations with a MDT team as part of the process and will be finalized before October 30 2023.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Regulation 17, The nursing home employs a maintenance staff member who is active on a five-day work schedule. Repainting of rooms and corridors takes place on a weekly basis and is followed by a weekly IPC audit. The repainting process is due to be completed by October 26 2023.</p> <p>The Statement of purpose will be reviewed to include both communal spaces/lounges and will be available to residents only at all times in order to comply with regulation 17.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Regulation 5, The social activity care plan will undergo a thorough review and update. Residents facing communication difficulties will receive referrals for speech therapy, ensuring their needs are comprehensively assessed, and their care plans will be adjusted accordingly. Access to the local community for nursing home residents is customized to their individual preferences, and a staff member will accompany them if necessary, based on their abilities. These particulars will be regularly reviewed and updated within the Residents care plans.</p>	
Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Regulation 9,	

The management team has implemented a structured weekly and monthly activity schedule, with residents being well-informed about these activities. This schedule will be prominently displayed on the communication board. The activity coordinator will provide daily updates to residents to keep them informed about upcoming activities. Every twin room will be equipped with individual TVs, and this installation will be completed by November 5 2023. Tailoring access to the local community for nursing home residents based on their individual preferences. Risk assessments will be conducted, and if necessary, a staff member will accompany them during community outings, taking into account their abilities. Regularly reviewing and updating these details within the residents' individual care plans.

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 10(1)	The registered provider shall ensure that a resident, who has communication difficulties may, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre concerned, communicate freely.	Substantially Compliant	Yellow	30/10/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	26/10/2023
Regulation 23(c)	The registered	Substantially	Yellow	18/10/2023

	provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Compliant		
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	30/10/2023
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Yellow	26/10/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate	Substantially Compliant	Yellow	26/10/2023

	that resident's family.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	05/11/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	05/11/2023
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Substantially Compliant	Yellow	05/11/2023