

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	St Francis Nursing Home (Mount Oliver) Ltd
Centre ID:	0168
Centre address:	Mount Oliver
	Dundalk
	County Louth
Telephone number:	042-9358900
Fax number:	042-9358934
Email address:	stfrancisdundalk@eircom.net
Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Sr. Kathleen Moran on behalf of St Francis Nursing Home (Mount Oliver) LTD
Person in charge:	Mary B. T Conlon (Moire)
Date of inspection:	9 February 2011
Time inspection took place:	Start: 09:00 Completion: 17:30
Lead inspector:	Sonia McCague
Support inspector(s):	Siobhan Kennedy
Purpose of this inspection visit	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow-up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- to randomly "spot check" the service

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

The new purpose-built centre had been completed which adjoins the existing centre and Franciscan convent. The new centre consists of four areas Laverna, Gardenia, Assisi and Kevinia. Each area is distinguishable by a different colour scheme and new furniture and fittings were in place for occupancy. The new centre can accommodate up to 25 residents in single bedrooms located in two areas. Laverna has 14 single rooms and Assisi has 11 single bedrooms. All bedrooms are spacious (approximately 20m²), are fitted with locks, have natural light and ventilation and the height of windows enable residents to see out from a seated position. Each bedroom has built in wardrobes, accessible over-head lights, call bell systems and wheelchair accessible en suite shower, toilet and wash-hand basin. In addition to en suite facilities, there are two spacious bathrooms with assistive baths and toilet facilities. There are also six separate toilets located near communal areas.

At the time of this inspection, there were 20 female residents in the centre, all over 65 years of age and required long term care. Fifteen of the residents were sisters of the Franciscan Missionary Sisters for Africa order.

Two kitchenettes, a dining and three sitting rooms were located in close proximity to bedrooms and were positioned off corridors leading from the main communal areas. There is seating along corridors and a sun room, visitor room (including separate toilet), quiet areas and rooms for various uses such as clinical care, storage, cleaning and sluicing. Plans for the provision of a treatment room, a hairdressing salon and administrative offices are to be included in the refurbishment of the existing centre once residents are transferred to the new centre following registration.

There is a main kitchen on site where meals are prepared by contract caterers. The kitchen is modern and well equipped. A spacious laundry facility is located on site and catering and care staff have separate changing facilities. A chapel and oratory are available for prayer and reflection, with mass provided daily. The Franciscan convent adjoins the new centre and has a separate entrance from the new centre.

The existing centre is to be refurbished to include the upgrade of the existing dining area and kitchenette, provide a separate treatment room, hairdressing salon and administrative offices.

Ample car parking is available to the front side and rear of the centre and close to the entrance. In addition to extensive lawns, there were pathways around the centre. There was also an internal courtyard and garden to be landscaped in March 2011.

Location

The centre is located in the countryside, a short distance from Dundalk town. It is accessible a short distance from junction 18 of the M1 Dublin to Belfast motorway.

Date centre was first established:	1986 existing centre 2011 new centre
Number of residents on the date of inspection	20
Number of vacancies on the date of inspection	None due to plan to transfer to new centre

Dependency level of current residents	Max	High	Medium	Low
Number of residents	11	6	1	2

Management structure

St Francis Nursing Home (Mount Oliver) Limited is owned and operated by the Franciscan Missionary Sisters for Africa. This company has five board members with Sr Kathleen Moran as the nominated provider responsible for the centre on behalf of the company.

Denis Brereton was employed as a consultant project manager for the building of the new centre and he reported to the provider and board of trustees.

Moira (Mary Brigid Teresa) Conlon, director of care is the person in charge. She has overall responsibility for the day to day running of the centre.

Rose Mallon (deputy to the person in charge) and a team of staff consisting of nurses, carers, housekeepers, students and maintenance staff support the person in charge in the day-to-day operation of the centre. Catering is provided onsite and staff are contracted externally. The head chef liaises and reports to the person in charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	1	5	3	5	1	3

Background

This was an announced follow-up inspection to the registration inspection that took place 19 and 20 January 2011. The purpose of this inspection was to consider the provider's response and confirm measures taken by the provider and person in charge to address the required actions reported.

During the registration inspection of 19 and 20 January 2011, inspectors reported findings that were not fully compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. These included environmental standards, mainly associated in the existing centre, the management of risk throughout the existing centre while remedial work was being carried out, the statement of purpose and function and documentation including policies and procedures.

Required improvements to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland* were set out in a 19 point Action Plan to the provider and person in charge. The provider responded to these requirements within one week (7 February 2011) and measures taken and planned to address all actions were outlined appropriately. The 19 required actions and provider response was followed up by inspectors on 9 February 2011.

Summary of findings from this inspection

The registration inspection of St Francis Nursing Home by the Authority was undertaken on the 19 and 20 January 2011 and highlighted 19 areas for improvement that included the management of risk, the protection of residents and staff training, fire safety improvements, a statement of purpose and function to reflect the new centre, the completion of specific policy documents and staff appraisal, specific and individualised care plans, contracts of care and medication management, in addition to environmental improvements in the existing and new centre.

During the registration inspection the provider and person in charge had a positive attitude towards the inspection and registration process and reacted immediately to issues raised by inspectors. The management team and staff demonstrated a commitment to meet the requirements of the legislation which was evident in the findings of this follow up inspection.

On the follow up inspection 10 of the 19 actions had been addressed satisfactorily, five had been progressed satisfactorily and four actions were partly addressed. Since this inspection written confirmation was received from the provider indicating further actions were completed. As a result, seven actions remain incomplete but had been progressed appropriately. While areas including the recording of risks and measured controls, premises, a quality systems review, resident's contracts of care, the formalisation of a residents committee, implementation of relevant policies and completion of staff files had been

progressed and partly addressed in a timely manner, they required further improvement and are outlined in the Action Plan at the end of this report.

Inspectors were satisfied that residents were well cared for and their nursing and healthcare needs were addressed. Residents spoken with were complimentary of staff, the care and of services provided. Residents told inspectors that they were familiar with all staff, the complaints process and felt safe and well cared for. Many were anxious to transfer to the new centre, were aware that it was ready for occupancy and had arrangements in place for relatives and sisters from the community to assist them for transfer.

Actions reviewed on inspection:

1. Action required from previous inspection:

Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Provide handrails in circulation areas and grab-rails in bath, shower and toilet areas.

This action had been partially addressed. The provider and person in charge described, demonstrated and confirmed measures taken to manage risk in accordance with the risk management policy. However, no recorded evidence was available or maintained. Evident measures to manage risk included staff reading and familiarisation with the policy and signing confirmation for same. Areas in the existing centre undergoing remedial refurbishment had been prohibited and associated risks reduced. Written confirmation from the contracted architect and competent person containing a decision to cease work in areas of the existing centre occupied by residents was received. No untoward incidents or accidents were reported or recorded. Hand rails were fitted in circulating areas and low level radiators were to be assessed once the new centre was occupied. Staff had received orientation of the new centre and education regarding the new devices within it. Orientation and familiarisation of the new centre was to be completed by all staff prior to registration.

2. Action required from previous inspection:

Provide suitable training for staff in fire prevention.

Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

This action had been addressed satisfactorily. Records and staff confirmed that fire safety training had taken place on two occasions in the existing centre in addition to two days in new centre. Training included fire drills and fire practice, evacuation and identifying different alarm bells (signals). A further two training sessions was planned and to take place for staff and residents when residents move is completed to the new centre.

3. Action required from previous inspection:

Provide to the Chief Inspector of Social Services, together with the application for

registration or renewal of registration, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

This action had been addressed satisfactorily. Written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with was completed by the provider and competent person and made available to the Authority.

4. Action required from previous inspection:

Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

This action had been addressed satisfactorily. Fire evacuation training and drills were provided since the last inspection and evacuation plans were displayed in prominent places. Additional notices and evacuation plans were to be erected in the new centre. The location of fire assembly points was evident and under review by fire safety officers to ensure ease of access for residents exiting and incoming traffic.

5. Action required from previous inspection:

Maintain, in a safe and accessible place, a record of all fire practices, which take place at the designated centre.

Maintain, in a safe and accessible place, a record of all fire alarm tests carried out at the designated centre together with the result of any such test and the action taken to remedy defects.

Maintain, in a safe and accessible place, a record of the number, type and maintenance record of fire-fighting equipment.

This action had been addressed satisfactorily. A record of all fire practices, the number and type of fire-fighting equipment and a record of all fire alarm tests carried out was available and maintained in a fire register.

6. Action required from previous inspection:

Provide adequate means of escape in the event of fire.

This action had been addressed satisfactorily. All fire doors/exits were readily operational and functioning.

7. Action required from previous inspection:

Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.

This action had been addressed satisfactorily. The new purpose-built centre is a suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and the location of the premises is appropriate to the needs of residents and the statement of purpose.

Durable external and internal signage was on order and temporary signs were in place.

8. Action required from previous inspection:

Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

This action had been addressed satisfactorily. The new building is designed and laid out in a way that should meet the needs of 25 residents. Call bells were operational in rooms to be occupied by residents. Key pads were ordered for rooms to secure storage for chemicals and locks were to be fitted to filing drawers in the nurses' station.

The provider told inspectors that the low level radiators are to be risk assessed by staff and the architect when the new centre is in use by residents.

9. Action required from previous inspection:

Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

In the existing centre the management and staff were making good efforts to ensure that residents were cared for in a safe and clean environment and that the required equipment and assistance was provided. However, the existing building is no longer suitable to meet the requirements of the legislation and requires substantial refurbishment. A declaration that the new purpose-built centre complies with building controls was available and provided to the Authority. Plans to complete the refurbishment of the existing centre to enhance the facilities included in the new centre are underway and were to be progressed with minimal impact to residents. The Architect and provider told inspectors that this refurbishment could be completed in a timely manner and after all residents have moved to the new centre so as to cause least disruption.

10. Action required from previous inspection:

Keep all parts of the designated centre clean and suitably decorated.

This action had been addressed satisfactorily. Both the existing and new centre was clean. In addition to the cleaning staff employed, the provider has contracted a cleaning company to provide and maintain the equipment and ensure the availability of cleaning materials required for a new system of cleaning are in place. The initial contract is for one year and includes training and education for staff, follow up and supervision in practice. Induction of staff on cleaning methods and equipment to be used in the new centre had commenced and was recorded.

11. Action required from previous inspection:

Provide sufficient numbers of wash-hand basins fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

This action had been addressed satisfactorily. A sufficient numbers of wash-hand basins fitted with a hot and cold water supply were operational within the new centre and water temperatures in residents' rooms were within appropriate limits and less than 43⁰ C.

12. Action required from previous inspection:

Provide necessary sluicing facilities.

This action had been addressed satisfactorily. Sluicing and wash hand-basin facilities were operational and loose wiring had been addressed at the exit door of both sluice bin rooms. Suitable racking and lockable key code devices were on order to restrict resident access to these areas. The water temperature in the wash-hand basins were under review by the architect on the day and were reading at 55.8⁰ C.

13. Action required from previous inspection:

Provide and maintain external grounds, which are suitable for, and safe for use by residents.

This action had been progressed satisfactorily. Exits/entrances were controlled and work on the gardens was to commence in consultation with residents.

14. Action required from previous inspection:

Provide ventilation, heating and lighting suitable for residents in all parts of the designated centre, which are used, by residents.

This action had been addressed satisfactorily. In the new centre ventilation, heating and lighting was suitable for residents in all parts to be used by residents. Room temperatures throughout the new centre were adequate with a minimum of 18⁰C in bedroom areas and 21⁰C in communal rooms. Work was being carried out to control the temperature of water

and radiators in the existing centre and confirmation regarding the control of radiator temperatures was later provided by the provider.

15. Action required from previous inspection:

Provide suitable changing and storage facilities for staff.

This action had been addressed satisfactorily. The architrave in the staff facilities was repaired.

16. Action required from previous inspection:

Provide for the storage of food in hygienic conditions.

This action had been addressed satisfactorily. Dry goods were stored appropriately in a room off the corridor.

17. Action required from previous inspection:

Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

This action had been addressed satisfactorily. Staff had been orientated and updated regarding the new centre and on the refurbishment of the existing centre. Staff and records confirmed that fire safety and elder abuse training to help them prevent residents being harmed or being abused was carried out. Dates for further training were planned.

18. Action required from previous inspection:

Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.

This action had been addressed satisfactorily. Staff training in elder abuse and fire safety had taken place and staff spoken with by inspectors were able to describe the appropriate procedures to take in these events. The provider and person in charge told inspectors plans were being put in place to make staff training available in accordance with contemporary evidence-based practice and residents profile for all staff.

19. Action required from previous inspection:

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

This action had been progressed satisfactorily. A procedure for staff recruitment was in place. However, the requirements of schedule 2 were not evident in all staff files such as those working in the catering areas and contracted consultants. The person in charge informed inspectors of an advertisement they had placed in a local newspaper for additional nursing and care staff to facilitate the slight increase in resident capacity in the new centre. This advertisement was seen by inspectors and displayed in the centre. The provider and person in charge told inspectors that new residents would not be admitted to the new centre until all 20 residents had been transferred and settled in. A period of four weeks was considered appropriate by them.

Staff appraisals had commenced and were to be implemented and recorded with all staff members.

20. Action required from previous inspection:

Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

This action had been addressed satisfactorily. The statement of purpose was up-dated to include matters listed in schedule 1 of the Health Act 2007 (Care and welfare of Residents in designated centres for Older People) Regulation 2009 (as amended).

21. Action required from previous inspection:

Put in place all of the written and operational policies listed in Schedule 5.

This action had been progressed satisfactorily. Written policies as listed in Schedule 5 have been authorised and were to be implemented in practice on a priority and phased basis. Staff told inspectors that they had an opportunity to read and become familiar with these policies and recognised the need to implement them.

22. Action required from previous inspection:

Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

This action had been progressed satisfactorily. Contracts had been updated to include the current fees and provider's signature. However, one had not been completed by a resident's representative.

23. Action required from previous inspection:

Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

This action had been addressed. This action related to the existing centre where remedial work was being carried out to meet fire safety requirements. Procedures were in place and the free movement of workmen/people in and out of the existing centre was controlled to reduce risks to residents. Written confirmation was provided to prohibit workmen/people accessing residents' environment and the building site was blocked off to contain this area. A temporary door was identified to enable workmen to work and progress on the ground floor. All visitors to the centre were asked to identify themselves and sign in sign out. A record was available and maintained.

24. Action required from previous inspection:

Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals

Consult with residents and their representatives in relation to the system for reviewing and improving the quality and safety of care, and the quality of life of residents.

This action had been partly addressed. Care plans had been up-date and had included communications with residents and relatives. However, a system and record for auditing and reviewing the quality and safety of care provided to residents was not yet implemented.

A residents committee was not yet formalised. However, residents felt able to express concerns and comments or suggestions to staff such as what their preferred activity was each day and staff facilitated residents' requests.

25. Action required from previous inspection:

Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures

Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

This action had been partly addressed. The complaints policy had been reviewed and an independent person in the event of an appeal was identified. However, this procedure was not displayed in prominent places in the new centre. Inspectors confirmed with residents that they had no complaints on day of inspection.

26. Action required from previous inspection:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances and no less frequent than at 3-monthly intervals.

This action had been addressed satisfactorily in a sample of files reviewed. Residents' care plans had been reviewed and up-dated to reflect the individual's changing circumstances. Nursing staff had been involved in reviewing and up-dating care plans. And plans to continue this on a three monthly basis or more frequently was described and recorded.

27. Action required from previous inspection:

Maintain, in a safe and accessible place, a record of each drug and medicine administered in respect of each resident, giving the date of the prescription, dosage, name of the drug or medicine, method of administration, signed and dated by a medical practitioner and the nurse administering the drugs and medicines in accordance with any relevant professional guidelines.

This action had been addressed satisfactorily in a sample of prescriptions reviewed. Drugs were prescribed and returned to pharmacy in line with legislation and best practice guidelines. The storage of medicines was secure and all records were maintained.

28. Action required from previous inspection:

Maintain, in a safe and accessible place, a record of any occasion on which restraint is used, the nature of the restraint and its duration, in respect of each resident.

This action had been addressed satisfactorily in a sample of records reviewed. Restraint policy and consensus forms were in place that included review dates and signatures by the GP, the relative/representative and nurse in charge.

29. Action required from previous inspection:

Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies

This action had been addressed satisfactorily. Changes occurring between pre-packed medicine had been returned to the pharmacy and signed for. This practice was to be continued and monitored by the person in charge.

30. Action required from previous inspection:

Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre

Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

This action has been addressed satisfactorily. The rota included all staff and a drafted plan to transfer 20 residents and employ additional staff to meet the needs of 25 residents was in place. An advertisement in the local press had been placed.

The person in charge had a draft rota and plan to ensure adequate staffing to facilitate the transfer of residents from the existing centre to the new centre. The provider provided written assurance to confirm this and confirmed that both centres would be staffed during the transition period in order to supervise and prevent risks to residents in a changed environment. Inspectors were satisfied with their plan.

31. Action required from previous inspection:

Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

This action had been addressed satisfactorily. A copy of the death notification and cause of death was available and recorded.

32. Action required from previous inspection:

Maintain all documentation of inspections relating to food safety, health and safety and fire inspections in the designated centre.

This action had been addressed satisfactorily. A record of fire inspection and all rostered nurses An Bord Altranais PIN numbers were in place and available at centre.

33. Action required from previous inspection:

Produce a residents' guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector of Social Services.

This action was partly addressed on the follow up and has since been addressed satisfactorily and submitted to the Authority. The resident's guide has been completed in line with regulation 21.

Report compiled by:

Sonia McCague

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

Date 3 March 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
19 and 20 January 2011	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
11 August 2010 Monitoring Visit	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced
	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to additional inspection report*

Centre:	St Francis Nursing Home (Mount Oliver) LTD
Centre ID:	0168
Date of inspection:	09 February 2011
Date of response:	09 March 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

While no accidents and incidents had occurred during the renovations there was no recorded evidence that the risk management policy had been implemented. There was no record of measures to guide the process of risk assessment and risk control to prevent accidents to residents in a changing environment.

Action required:

Implement the risk management policy throughout the designated centre and record measures to controls risks.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety
Standard 29: Management Systems

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Staff have read and understood our risk management policy and have signed the acknowledgement form in confirmation of same.</p> <p>We appreciate the importance of bringing into line our previous method with better practice, systematically recorded to guide the process of risk assessment and risk control. The Health and Safety Committee (director of care, health and safety officer and representatives of maintenance, housekeeping and care) have met and arranged dates for regular meetings.</p> <p>The director of care, health and safety officer will attend NHI education day on risk management in Dublin 30 March 2011 for further help re procedure and best practice.</p>	<p>Completed</p> <p>Completed Regular, on-going</p> <p>30 March 2011</p>

<p>2. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>All staff members and people employed and who had direct contact with residents did not have full and satisfactory information and documents specified in Schedule 2.</p>	
<p>Action required:</p> <p>Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 18: Recruitment Standards 22: Recruitment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Procedures are in place to recruit persons who are fit to work at our centre with full and satisfactory information and documentation.</p> <p>Employees/people working at our centre without full and satisfactory information and documents specified in Schedule 2 have only restricted contact with residents.</p> <p>Any current employee working at St. Francis Nursing Home must provide documentation, at present missing from files by 31 March 2011.</p>	<p>Completed</p> <p>Completed</p> <p>31 March 2011</p>

<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Policies listed in Schedule 5 were not implemented in practice.</p>	
<p>Action required:</p> <p>Policies listed in Schedule 5 to be operational.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Staff have read and understood our policies and each has signed the acknowledgement form in confirmation for same. Staff are receiving training in carrying out the policies and procedures within our new centre. Regular staff meetings will focus on policies (in an organised plan) giving emphasis to implementation and monitoring the quality of care/its effect upon our residents.</p>	<p>Completed</p> <p>Ongoing</p>

<p>4. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Residents' contracts of care did not include the resident's representative signature in line with legislation.</p>	
<p>Action required:</p> <p>Ensure each resident's contract include the resident's representative signature in line with legislation.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>The resident's contract has been signed by the resident's representative.</p>	<p>Completed</p>

<p>5. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>A system and record for reviewing the quality and safety of care provided to residents was not maintained.</p>	
<p>Action required:</p> <p>Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Lapses in the system for reviewing the quality and safety of care provided have been rectified.</p> <p>The system will be maintained and up-graded, as necessary, to better fit its purpose.</p>	<p>Completed</p> <p>Ongoing</p>

<p>6. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The complaints procedure was not displayed in a prominent place.</p>	
<p>Action required:</p> <p>The complaints procedure should be displayed in a prominent place.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 39: Complaints procedures Standard 6: Complaints</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>The complaints procedure is displayed in a prominent place.</p>	<p>Completed</p>

7. The provider has failed to comply with a regulatory requirement in the following respect:

The new centre was substantially compliant and ready for occupancy on the day of the follow up inspection, however, a number of requirements were outstanding and included the following:

- signage from the road and externally was not in place. Internal signage was erected temporarily for the purposes of the inspection
- water temperature in wash hand basins in sluice rooms were reading at 55.8⁰ C, suitable racking was not in place, lockable facilities for chemicals and key coded pads were yet to be in place
- the cleaning room did not have a lockable safe storage for chemicals
- a small office has been allocated as the matrons office and cabinets for residents records had not been fitted with locks at the nurses station
- the external gardens and courtyard were not yet suitable for, and safe for use by residents
- the provision of a treatment room, a hairdressing salon and administrative offices are to be included in the refurbishment of the existing centre and commenced once residents are transferred to the new centre.

Action required:

Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.

Action required:

Provide sufficient numbers of wash hand basins fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

Action required:

Provide necessary sluicing facilities, lockable storage facilities for chemicals and resident records

Action required:

Provide and maintain external grounds, which are suitable for, and safe for use by residents.

Action required:

Complete in a timely manner a treatment room, a hairdressing salon and administrative offices with minimal disruption to residents living in the centre.

Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <ul style="list-style-type: none"> ▪ permanent signage from the road and externally as well as internal signage to be installed 21 March 2011 ▪ valves regulating water temperature in wash-hand basins in sluice rooms set not to exceed 43^oC installed ▪ suitable racking to be installed 25 March 2011 ▪ lockable facilities for chemicals (sluice and cleaning rooms) to be installed 16 March ▪ key coded pads to be installed ▪ cabinets for residents records have been fitted with locks at the nurses' station ▪ landscaping of the external gardens and courtyard to begin 21 March 2011 ▪ the provision of a treatment room, a hairdressing salon and administrative offices are to be included in the refurbishment of the existing centre and commenced once residents are transferred to the new centre. 	<p>21 March 2011</p> <p>Completed</p> <p>25 March, 2011</p> <p>16 March 2011</p> <p>18 March 2011</p> <p>Completed</p> <p>21 March 2011</p> <p>Four weeks after the move of residents to the new centre</p>

Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 2: Consultation and Participation	<p>Formalise a residents' committee.</p> <p>Provider's response: Residents have attended a general meeting to inform them of the purpose of the residents' committee.</p> <p>All residents have been invited to the first monthly meeting.</p>
Standard 24: Training and Supervision	<p>Complete a staff development and appraisal system for all staff.</p> <p>Provider's response: All staff have received his/her Appraisal. The current appraisal form has been better received and the process was more positive than earlier ones. We are trying to work out best practice for the integration of the undertakings from each appraisal with professional/other development. The choice of HSE up-grading/study days have been guided to give each staff a better basis for skill development and improvement. Individual applications have already been submitted and response is awaited. In-house training and feedback sessions have been planned to ensure consistent best practice throughout.</p>

Any comments the provider may wish to make:

Provider's response:

The staff and residents of St. Francis Nursing Home would like to take this opportunity to express our sincere appreciation to the inspectors who interacted with us in such a professional and courteous manner. We are also very grateful for the time and work they expended which was so helpful in our efforts to improve our overall standard.
Thank you!

Provider's name:

Kathleen Moran fmsa

Provider's name: Sr. Kathleen Moran F.M.S.A.

Date: 9 March 2011