Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act 2007

Centre name:	St Clare's Nursing Home
Centre ID:	0517
Centre address:	503 Griffith Avenue Glasnevin Dublin 11
Telephone number:	01-7044200
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Email address:	rachel.simons@hse.ie
Type of centre:	☐ **Private** ☐ **Voluntary** ☒ **Public**
Registered provider:	Health Service Executive
Person authorised to act on behalf of the provider:	John Kelly
Person in charge:	Mary Flanagan
Date of inspection:	26 and 27 May 2011
Time inspection took place:	**Day 1: Start:** 09:50 **Completion:**17:20 **Day 2: Start:** 09:15 **Completion:**14:30
Lead inspector:	Sheila Mckevitt
Support inspector(s):	Leone Ewings
Type of inspection:	☒ **Registration** ☐ **Scheduled** ☒ **Announced** ☐ **Unannounced**

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

St Clare's Nursing Home is a situated off Griffith Avenue in Glasnevin, a suburb of Dublin city. The building is owned by Dublin City University (DCU), and was built in the 1800's. The Health Service Executive leases the building from DCU.

The three-storey building is located at the end of a short drive. The centre accommodates 40 residents', over the age of 65 years for long term, respite and assessment and review.

Residents live on the ground floor, named Roseview, and on the first floor, named Oakview. Accommodation includes four single, eight double and five four-bedded rooms, all with a wash-hand basin. Each floor has a sitting room, dining room, two assisted shower/bathrooms, a kitchenette and nurses' office.

In total there are 12 toilets, seven of which are assisted and four bathrooms/shower rooms all accessible to residents.

Residents have access to a physiotherapy room, a snoozelan room, a complimentary therapy room, a chiropody treatment room, an oratory and an activities/sitting room (in the process of been re-furbished).

Visitors and residents have access to visitors'/quite room, a visitor overnight room, a toilet and the restaurant on the ground floor.

Residents have independent access to a safe and secure large mature garden and an outdoor partially sheltered secure smoking area.

There is ample car parking available to the front of the centre.

Date centre was first established:			1970's	
Number of residents on the date of inspection:			29	
Number of vacancies on the date of inspection:			11	
Dependency level of current residents:	**Max**	**High**	**Medium**	**Low**
Number of residents:	15	7	5	2
Gender of residents:			**Male (✓)**	**Female (✓)**
			✓	✓

Management structure

The nominee on behalf of the Health Service Executive (HSE) is John Kelly. Pat Lane, Administration Manager and Mary Flanagan, the Person in Charge all report to John Kelly. The Assistant Director of Nursing, the Practice Development Officer, Catering Manager and Cleaning Supervisor, report to the Person in Charge. Administration staff report to Pat Lane.

The Assistant Director of Nursing and the Practice Development Officer are supported by one Clinical Nurse Managers grade II and three Clinical Nurse Managers grade I to whom all staff nurses and care assistants report. The catering staff report to the catering manager.

A contract cleaning company supply the cleaning staff and they report to a company supervisor.

Summary of compliance with 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*.

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act 2007.

Inspectors met with residents, relatives, and staff members, over the two day inspection. Inspectors observed practices and reviewed documentation such as assessments, care plans, medical records, accident logs, policies and procedures and staff files. Separate fit person interviews were carried out with the provider and the person in charge, both of whom had completed the fit person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

Inspectors found substantial compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. This was reflected in the positive outcomes for residents evidenced throughout the inspection and confirmed by residents and relatives. Overall, inspectors found that resident's wellbeing was central to service provision. The services and facilities outlined in the centres' statement of purpose were reflected in practice and served to meet the diverse needs of residents, including those residents with a cognitive impairment. However, all matters outlined in Schedule one were not included.

Residents received dignified and respectful care and received a high standard of evidence-based nursing care and medical and allied health care. There were appropriate staff numbers and skill mix to the assessed needs of residents, and to the size and layout of the designated centre. Daily life in the centre maximised the residents' capacity to exercise choice and personal autonomy and their views were sought and listened to. The physical environment was suitable for its stated purpose and was homely, comfortable, and well maintained.

Practice in relation to the health and safety of residents and the management of risk promoted and ensured the safety of residents and visitors. Staff were observed compromising their safety by carrying rubbish bags and equipment. The centre was not in compliance with the fire regulations and the premises internally and externally required some maintenance issues to be addressed.

Section 50 (1) (b) of the Health Act 2007

Compliance 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*.

1. Statement of purpose and quality management

Outcome 1

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings

The statement of purpose accurately described the aims, objectives and ethos of the centre. The facilities and services were outlined and reflected those available to residents. All matters referred to in schedule one were not included. Omissions were; whether the staffing complement refers to whole time equivalent and the number and size of all the rooms in the centre.

The statement is kept under review by the provider and is made available to residents on admission, and following review.

Outcome 2

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

Quality improvement activity was evident in all areas of the centre.

The assistant director of nursing, clinical nurse managers and staff nurses were involved in gathering information and auditing their practice in relation to falls, infection control, nursing documentation and the use of restraint. The local pharmacist had a process in place to review medication management practice on a monthly basis. The results of these audits were presented to and reviewed by the provider and person in charge at management team meetings and to staff at staff meetings.

The person in charge and assistant director of nursing audited the quality of service provided to residents on an annual basis. This audit involved residents answering twenty questions about the quality of service they received and giving their views and comments. The results for the previous year were read and although positive, resulted in some changes to practice, which resulted in a better quality of life for residents', such as the streamlining of church services to televisions on both floors.

Residents confirmed to inspectors that they had their residents' committee meeting on a monthly basis; they enjoyed this, as their views were listened to and acted upon without delay.

Outcome 3
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:
Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings
Complaints were well managed.

The local complaints procedure was written in a user-friendly manner and prominently displayed in leaflet format throughout the centre. It was also described in the Residents' Guide and Statement of purpose. The person in charge was identified as the complaints officer. She described her role and the appeals process in detail to inspectors. Inspectors reviewed records of the issues log held on each floor. These included all relevant details, including how the issue was managed, the outcome of the issue, and the complainants' level of satisfaction with the outcome.

An advocacy service was accessible to residents'. The advocate spoken with on inspection confirmed that she chairs the residents committee meeting on behalf of the residents, provides the management with feedback and requests any action required. Details of the advocacy service are available on resident notice boards, in the residents' guide and statement of purpose. Residents' knew the advocate by name and were aware of the service available to them.

2. Safeguarding and safety

Outcome 4
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:
Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Inspection findings
Measures were in place to protect residents from being harmed or suffering abuse.

All staff had received training on identifying and responding to elder abuse. A centre-specific policy was available. The person in charge and a number of staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Residents spoken to confirmed to inspectors that they felt safe in the centre. They primarily attributed this to the staff being available to them if they had a concern and to the fact that they received a high standard of care. Both staff and residents spoken to confirmed that the person in charge visited on a regular basis and the assistant director of nursing was accessible to them at all times. Inspectors observed the assistant director of nursing office was open and accessible to both residents' and staff on the ground floor.

At the time of inspection there had been two recorded incidents/allegations of abuse, both incidents reported were between two residents, no staff were involved; the Authority had been notified of both incidents. Inspectors reviewed the investigation of both incidents and were satisfied that appropriate action was put in place to protect residents.

Inspectors examined records of residents' finances managed by the centre. These were clear, concise and reflected sums of cash held.

Outcome 5
The health and safety of residents, visitors and staff is promoted and protected.

References:
Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings
Good practice in relation to health and safety and the management of risk was promoted by the provider and person in charge. However, it was not always reflected in practice and did not ensure the safety of residents, staff and visitors in the event of a fire.

The environment was kept clean and well maintained, the contract cleaning company had received three different awards for the cleanliness of the centre since the last inspection. Measures were in place to control and prevent infection, including arrangements in place for the segregation and disposal of waste, including clinical waste. Staff had received training in infection control. They had access to supplies of latex gloves, disposable aprons, facilities to wash and dry their hands at each wash

hand sink and they were observed using the alcohol hand gels which were available throughout the centre.

Measures were in place to prevent accidents and facilitate residents' mobility, including safe and appropriate floor covering, a lift to each floor and hand rails which were provided on both sides of the corridor to promote independence. Residents were observed moving around the building during the day using the handrails for support.

All staff had received manual handling training. However, practice observed posed a potential accidental risk to staff and did not ensure their health and safety. Inspectors observed staff carrying black sacks of rubbish together with cleaning equipment from one area to another.

The provider had developed a risk management policy to inform practice and there was a health and safety statement in place, dated 2011. There was evidence of written risk assessments last conducted in May 2011, where identification of hazards had been made, risk rated and any required controls put in place.

There was an emergency plan in the centre. This gave clear direction to staff on what to do if the in the event of any emergency residents' needed to be evacuated from the centre.

Fire safety and evacuation training took place on an annual basis. All staff had attended the training. Inspectors were informed that fire drills were held 3 monthly, records of fire drills were maintained.

However, although a review of fire records showed that all fire safety equipment, including the fire alarm and emergency lighting had been serviced at appropriate intervals, there was no written evidence that system defects identified on the last emergency lighting service report had been addressed. Inspectors observed that one directional signage was not functioning correctly.

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Written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with has not been received by the Authority.

Outcome 6

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings

There was a medication policy with procedures for prescribing, administering, recording and storing of medication. Review of records and observation of practice indicated that these procedures were implemented.

Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift and recorded in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. There were appropriate procedures for the handling and disposal for unused and out of date medicines.

As stated in Outcome 2 the good practice outlined above was further developed by a recently introduced system for the review and monitoring of medication management practice by the nursing staff in addition to the local pharmacists monthly review.

3. Health and social care needs

Outcome 7
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:
Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents

Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings
Residents were assessed and discussed at a multi-disciplinary team meeting prior to admission. The centre had sufficient general practitioner (GP) cover, and the GPs provided an on call service at weekends. Residents had the option to retain their own GP, but where this was not possible the person in charge assisted them to transfer to the GP covering the centre. Review of residents' medical notes showed that GPs visited the centre regularly and the person in charge informed inspectors that the GPs were available by phone any time to offer advice to staff. The sample of medical records reviewed also confirmed that the health needs and medications of residents were being monitored on an ongoing basis and no less frequently than at three-monthly intervals.

Residents had access to a range of other health services, including dietetic, chiropody, physiotherapy, occupational therapy, ophthalmology, speech and

language therapy, hearing and dental services. A review of three residents' files confirmed that there was no delay in the nurse lead referral system in place.

Residents' spoke highly of the complementary service, one resident who smelt of lavender explained to the inspector that he had just had a back massage. He explained he had a choice of massage, reflexology or aromatherapy.

Inspectors examined three care plans and found that person-centered care plans were in place. Recognised assessment tools were used to promote health and address health issues. These included assessments for risk of pressure ulcers, malnutrition, and falls risk and appropriate measures were put in place to manage and prevent risk. There was a strong emphasis on social care, with prescribed interventions within care plans to promote residents' social care needs, based on residents assessed preferences, interests and capacities. Each resident also had a life story book completed. Three-monthly assessment and care plan reviews were completed, dated, and signed by staff. Residents and relatives spoken to confirmed that they had been involved in the initial assessment and ongoing care plan reviews.

All of the residents spoken to commented on the various activities available to them, including walks, exercise classes, cards, and importantly, the quite of their own rooms to relax.

Of particular note to inspectors was the manner in which residents with a cognitive impairment were sensitively encouraged to take part in activities, or where this was not possible, their attention was regularly brought to the activity, so that they could enjoy moments observing the enjoyment of others. For those residents with dementia there was evidence of activity focussed care, the use of life stories, reminiscence, and music to enhance interaction and communication. Inspectors observed a dedicated activities person. Inspectors observed staff taking the time to reassure residents with dementia, speaking slowly, clearly and sensitively, and repeating the information to residents to ensure that the resident understood what was being said to them.

The centres' policy on the use of restraint included a direction to consider all other alternative interventions. Risk assessments were undertaken before any form of restraint was used. The three residents' records reviewed did provide detail on the reason for the use of restraint such as bed rails and positioning belts and the duration of its use.

Outcome 8
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:
Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings
Caring for residents at end of life was regarded as an integral part of the care service provided in centre. This practice was informed by the centres' policy on end of life care, which was observed by inspectors to be implemented in practice.

Documentation from one resident receiving end of life care, confirmed that residents' end of life care needs were assessed documented and discussed with residents and relatives on admission. Care plans indicated that residents' wishes regarding end of life care were discussed, and staff members spoken to were knowledgeable about the residents' preferred religious practices, and wishes in relation including family members.

Inspectors spoke to one clinical nurse manager who confirmed she had completed a course in palliative care. In accordance with residents' assessed needs referrals were made to St Francis home care team to advise on and support symptom management. Staff had been involved in an end of life project which reflected on the diversity and quality of care given to residents'.

Accommodation was available for families to stay overnight if they so wished. Other residents were given an opportunity to pay their respects and to attend requiem services. Inspectors noted that planned requiem services for deceased residents were displayed on the notice board.

Outcome 9
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

References:
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings
Residents received a nutritious and varied diet that offered choice. Mealtimes were unhurried social occasions which provided opportunities for residents to interact with each other and staff.

Inspectors observed staff discussing the menu options for dinner with each resident. Menus included a picture of both main meals available. Residents were asked what meal they would like. Inspectors saw that residents who needed their food pureed or mashed had the same menu options as others and the food was presented in appetising individual portions. Residents who needed assistance with dining received such assistance from staff. Inspectors observed staff sitting with these residents and assisting them respectfully in both dining rooms and in their bedrooms. Residents told inspectors it was their choice where they dined.

Both dining rooms were decorated in a homely manner, table settings were pleasant and included condiments, matching sugar bowls and milk jugs and appropriate place settings with napkins for all residents. Lunch was a pleasant, unrushed occasion.

Staff members chatted with residents and encouraged discussion amongst them. Staff asked residents if they were satisfied with their meals.

Cold water dispensers and a variety of juices were available in common areas and staff regularly offered drinks to residents. Residents told inspectors that they could have tea or coffee and snacks any time. Inspectors observed bowls of fresh fruit in both sitting rooms.

Residents had a nutritional assessment completed on admission and three monthly thereafter to identify those at risk of malnutrition. Residents were weighted monthly, those with weight lost were weighted more frequently. Records showed that some residents had been referred for dietetic review the outcome of which was recorded in their documentation.

4. Respecting and involving residents

Outcome 10
Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:
Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Inspection findings
Contracts were agreed with and provided to residents within a month of admission. They set out the overall care and services provided to the residents and the fees charged. Inspectors noted the wording on page nine of the contract of care relating to insurance liability did not reflect the centres insurance policy in place and this was brought to the attention of the person in charge.

Outcome 11
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:
Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political and Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Inspection findings

Inspectors found that residents received care in a respectful and dignified manner. Their capacity to exercise personal choice and autonomy was maximised and their views were sought and listened to.

The interaction between all disciplines of staff and residents was good. Staff were observed taking time to sit and chat to residents'. Residents stated that they could talk to staff at any time and that they were approachable. There was at least one member of staff available to residents at all times in the communal sitting rooms. Residents had access to call bells in all areas of the centre. Inspectors saw staff answer resident call bells without delay and attending to their requests in a prompt manner. Daily newspapers were sought and delivered to some individuals at their request, additional copies were observed in the communal areas. Residents told inspectors they had their post hand delivered daily.

All residents interviewed indicated that they had privacy in all aspects of personal care which was observed by inspectors. The manner in which residents were addressed by staff was appropriate and respectful. Staff knocked before entering residents' bedrooms, waited for permission before entering. Advisory notices were placed on doors while personal care was being delivered thereby protecting the privacy of residents. However, inspectors observed that privacy curtains were not available to residents' in some shared rooms and there was no privacy lock in one of the assisted bathrooms.

Daily life in the centre maximised the residents' capacity to exercise choice and personal autonomy. Residents told inspectors that they could decide whether to attend communal or individual activities, whether to eat in their bedroom or the dining room they were facilitated in their choice. They confirmed that living in the centre did not restrict their preferred daily routine.

Contact with family members was encouraged and residents could meet with their visitors in the privacy of their own rooms or in the visitor's room. One resident explained how staff facilitated him to play snakes and ladders with his grandson and how he thoroughly enjoyed this. There were no restrictions on visits. The person in charge explained to inspectors that this was not necessary as family members and other visitors were sensitive to and respectful of residents' wishes and needs. If the need arose, relatives were facilitated to stay overnight in the visitors overnight room. A monthly support group for relatives of residents met on a monthly basis, one relative explained how the chaplain led this service.

Daily mass celebrated in the local parish church was transmitted to the centre. Residents were facilitated to join in this service each morning. The local parish priest and chaplain visited residents in the centre and organised events such as the annual November Mass of remembrance. Other religious denominations were visited by their ministers, as required. One resident told inspectors that she enjoyed visiting the oratory to say a quite prayer alone.

Residents' communication skills are maximised with the availability of an on site hearing clinic. Staff running this clinic are trained in all aspects of assessing hearing

problems and resolving a number of these such as hearing aid maintenance and the syringing of ears. Residents' and staff expressed great satisfaction with this service as residents hearing problems are addressed promptly.

Residents told inspectors that all activities are displayed on their notice board and if they have something special going on that will be on the notice board, one resident gave the example of the date of their next residents' meetings. The activities coordinator explained how she conducts a Sonas session with a small group of cognitively impaired residents on a weekly basis. Residents spoken with confirmed satisfaction with the wide choose of activities available to them.

Outcome 12
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:
Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Inspection findings
Residents were encouraged to personalise their bedrooms. They showed inspectors their family photos, personal items which for one resident included his own computer. All residents had adequate storage space for their personal items.

There was a well-established laundry system in place. The laundry room was well equipped and the laundry lady told inspectors about the different processes for different categories of laundry and demonstrated her knowledge of infection control in doing so. Clothing was marked discreetly on admission by the seamstress and all residents' clothes were folded and returned to the resident's cupboards by the laundry lady. Residents and relatives expressed satisfaction with the service provided and the safe return of their clothes to them.

There was a policy in place for Residents' Personal Property and Possessions. However, practice did not follow the policy, inspectors noted all residents did not have an up to date list of personal possessions in their file. The assistant director of nursing confirmed, keeping residents' personal possessions updated was not practised for long term residents'.

5. Suitable staffing

Outcome 13
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:
Regulation 15: Person in Charge
Standard 27: Operational Management

Inspection findings
The post of person in charge was full time and held by a registered nurse with the required experience in the area of nursing of older people. She was the person in charge for three centres, two of which are on the same site; the third St Clare's is located within a mile radius. Staff confirmed to inspectors that the person in charge visited St Clare's Home on a daily basis. The assistant director of nursing employed fulltime also is responsible for the day to day running of St Clare's Home.

The person in charge holds masters in health care management. Inspectors observed that she had good leadership skills. She chairs monthly team meetings attended by the provider and assistant director of nursing. All members of the team, spoken with were clear about their areas of responsibility and reporting structures and the management structure ensured sufficient monitoring of and accountability for practice. The person in charge's knowledge of the regulations and standards and her statutory responsibilities was sufficiently demonstrated to inspectors.

Inspectors found that clinical leadership was strong. The person in charge and assistant director of nursing had kept their clinical knowledge up to date and demonstrated a sufficient knowledge of clinical audit. Both had established a process for auditing information to identify trends to improve the quality of service and safety of residents. Their commitment for improving the quality of service to older persons was further demonstrated, by their are involvement in a project with the Community Intervention Team aimed at keeping older persons out of the acute hospitals by making four beds available to the team for assessment and review.

Throughout the inspection process the person in charge demonstrated competence, insight and a commitment to delivering good quality care to residents informed by on-going learning and review of practice. The assistant director of nursing confirmed that she was supported in her role.

Outcome 14
There are appropriate staff numbers and skill-mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:
Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications

Standard 24: Training and Supervision

Inspection findings
Inspectors found that the levels and skills mix of staff were sufficient to meet the needs of residents on the day of inspection and a review of staffing rotas indicated that these were the usual arrangements.

There was a detailed policy for the recruitment, selection and vetting of staff. It was reflected in practice, this was evidenced by a signed declaration by the person in charge stating that a sample of five files reviewed by her contained all the relevant documents required as outlined in schedule 2.

There was an induction programme in place for all newly recruited staff. New staff worked alongside existing staff, observing procedures and practices and reading policies. An assessment form was available for completion during the induction period to ensure staff reached an acceptable level of competency at the end of their induction. The assistant director of nursing confirmed that interviews were held with staff during their probationary period.

Staff training records reflected inspection findings of good practice particularly in relation to nutritional assessment, end-of-life care; elder abuse; caring for residents with dementia and infection prevention and control. Staff mandatory training and practices are discussed in outcome 5.

The assistant director of nursing confirmed there were volunteers working in the centre. Inspectors spoke with one volunteer, who clearly outlined that her role was to assist the activities coordinator and residents at mealtimes. She confirmed she had attended elder abuse training and obtained Garda Síochána vetting.

6. Safe and suitable premises

Outcome 15
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:
Regulation 19: Premises
Standard 25: Physical Environment

Inspection findings
The three-storey building was built in the 18 century with high ceilings and large windows. The environment was bright, clean and well maintained throughout. Residents reported that the centre offered a homely comfortable environment and told inspectors that they enjoyed the lifestyle provided. Communal areas such as the day-rooms had a variety of pleasant furnishings and comfortable seating.

The use of colours and signage was in line with best practice dementia care principles. However, inspector observed that paint had peeled away from a number of room doors and skirting boards.

There were four single, eight double and five four bedded rooms, all with a Wash-hand basin. Bedrooms were spread over the ground and first floor, twenty beds on each. Residents' bedrooms were spacious, comfortable and personalised. There were ample toilets accessible to residents over both floors. There was an assisted bathroom and an assisted shower room on each floor. The absence of privacy locks on all bathroom doors was mentioned in outcome 11. Inspectors observed that a bathroom window on the ground floor was not restricted; this posed a potential risk to wandering residents with a cognitive impairment.

The centre had a secure mature landscaped garden with ample garden furniture for residents and visitors use. Residents told inspectors that they enjoyed spending time in the garden during fine weather.

In addition, there was a small secure partially sheltered paved patio area; inspectors were informed that this was the residents smoking area. Chairs and potted plants were available in this area.

The kitchen was found to be well-organized and equipped with sufficient storage facilities. Inspectors observed a plentiful supply of fresh and frozen food. However, the kitchen cleaning area was not separate from the kitchen; it was part of the open plan kitchen area, situated by the back door.

There was appropriate assistive equipment available such as profiling beds, ceiling and mobile hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. The wide corridors enabled easy accessibility for residents in wheelchairs or those with mobility aids. Hand rails were available to promote independence. Hoists and other equipment had been maintained and service records were up-to-date.

Inspectors observed the drive leading into the centre had large pot holes. Inspectors saw that this had been identified in the risk assessment conducted in May 2011 and referred to in outcome 5.

7. Records and documentation to be kept at a designated centre

Outcome 16

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:

Regulation 21: Provision of Information to Residents

Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings:

**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Resident's Guide

Substantial compliance ☒ Improvements required * ☐

Records in relation to residents (Schedule 3)

Substantial compliance ☒ Improvements required * ☐

General Records (Schedule 4)

Substantial compliance ☒ Improvements required* ☐

There was no evidence that system defects identified during the last service of the emergency lighting system had been rectified as mentioned in outcome 5.

Operating Policies and Procedures (Schedule 5)

Substantial compliance ☒ Improvements required* ☐

Directory of Residents

Substantial compliance ☒ Improvements required* ☐

Staffing Records

Substantial compliance ☒ Improvements required* ☐

Medical Records

Substantial compliance ☒ Improvements required* ☐

Insurance Cover

Substantial compliance ☒ Improvements required* ☐

Outcome 17
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

Inspection findings
Inspectors reviewed a record of all incidents that had occurred in the designated centre since the previous inspection and cross referenced these with the notifications received from the centre. Inspectors noted that one of the two incidents of abuse involving two residents and mentioned in outcome four had not been reported to the Authority within the required three working days. It was however notified to the Authority on a quarterly return.

Outcome 18
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

References:
Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre
Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre
Standard 27: Operational Management

Inspection findings
There were appropriate arrangements in place for the absence of the person in charge.

The assistant director of nursing deputises for the person in charge. Inspectors were informed that there have been no absences of the person in charge for such a length that required notification to the Chief Inspector of Social Services.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge, the assistant director of nursing, two clinical nurse managers administration manager and the catering manager to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report Compiled by:

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

23 June 2011

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Provider's response to inspection report

Centre:	St Clare's Nursing Home
Centre ID as provided by the Authority:	0517
Date of inspection:	26 and 27 May 2011
Date of response:	6 July 2011

Requirements

These requirements set out the actions that must be taken to meet 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*.

Outcome 1: Statement of purpose and quality management

1. The provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose did not include two of the twenty five 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).

Action required:

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).

Reference:

Health Act, 2007
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: This was corrected and a revised statement of purpose and function has been circulated and sent to the Health Information and Quality Authority (the Authority).	Completed

Outcome 5: Health and safety and risk management

2. The provider is failing to comply with a regulatory requirement in the following respect:

Written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with has not been submitted to the Authority.

Defects in the emergency lighting system identified on the last service have not been addressed, faults in the system were observed by inspectors on inspection.

Action required:

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.

Action required:

Make adequate arrangements for the maintenance of all fire equipment including emergency lighting and maintain, in a safe and accessible place, a record of the actions taken to remedy defects.

Reference:

Health Act, 2007
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The fire officer has confirmed that the system is in compliance with IS 3217. The variations identified by the inspector are minor variations to the standard. These are being addressed within the fire safety officers department and his programme of works. Some matters have already been corrected.	September 2011

3. The provider is failing to comply with a regulatory requirement in the following respect: Staff were observed carrying black sacks of rubbish together with cleaning equipment from one area to another when carrying out their daily duties.	
Action required: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.	
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: A risk assessment has been carried out and this practice has discontinued.	Immediately

Outcome 11: Residents' rights, dignity and consultation

4. The provider is failing to comply with a regulatory requirement in the following respect: Curtains were not available to residents in some shared rooms and there was no privacy lock on one of the communal bathrooms.	
Action required: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.	
Reference: Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Lock has been placed on bathroom door. A review of curtains and their suitability has been undertaken and a replacement program has been put in place.	Immediately

Outcome 12: Residents' clothing and personal property and possessions

5. The person in charge is failing to comply with a regulatory requirement in the following respect: An up to date record of each resident's personal property that is signed by the resident was not available for long term residents'.
Action required: Maintain an up to date record of each resident's personal property that is signed by the resident.
Reference: Health Act, 2007 Regulation 7: Residents' Personal Property and Possessions Standard 4: Privacy and Dignity Standard 17: Autonomy and Independence

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: An up to date record of each resident's personal property that is signed by the resident is in place.	Completed

Outcome 15: Safe and suitable premises

6. The provider is failing to comply with a regulatory requirement in the following respect: The main kitchen did not have a separate cleaning room. A window on the ground floor was not restricted. A number of internal doors and skirting boards throughout the centre were not in a good state of repair. The driveway leading into the centre was in a poor state of repair.
Action required: 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.

Action required: Provide and maintain external grounds which are suitable for, and safe for use by residents.
Action required: Ensure the premises are of sound construction and kept in a good state of repair externally and internally.
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The provider has put a request in for minor capital works to address these matters.	September 2011

Outcome 17: Notification of incidents

7. The provider is failing to comply with a regulatory requirement in the following respect: The Authority was not informed without delay of any allegation, suspected or confirmed abuse of any resident.
Action required: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any allegation, suspected or confirmed abuse of any resident.
Reference: Health Act, 2007 Regulation 36: Notification of incidents Standard 29: Management Systems Standard 30: Quality Assurance and Continuous Improvement Standard 32: Register and Residents' Records

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: An education programme has been put in place to ensure that notice to the Chief Inspector without delay of the occurrence in the	Completed

designated centre of any allegation, suspected or confirmed abuse of any resident taking into account resident on resident interactions.	

Any comments the provider may wish to make:

Provider's response:

None supplied

Provider's name: John Kelly

Date: 06 July 2011