

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	St Joseph's Nursing Home
<b>Centre ID:</b>	0285
<b>Centre address:</b>	Derrymore East
	Tralee
	Co Kerry
<b>Telephone number:</b>	066-7130134
<b>Fax number:</b>	066-7130971
<b>Email address:</b>	derryquaynh@eircom.net
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered providers:</b>	Derryquay Retirement Nursing Home Ltd
<b>Person in charge:</b>	Mary Humble
<b>Date of inspection:</b>	5 January 2012
<b>Time inspection took place:</b>	<b>Start:</b> 10:30hrs <b>Completion:</b> 16:00hrs
<b>Lead inspector:</b>	Col Conway
<b>Support inspector:</b>	Cathleen Callanan
<b>Type of inspection:</b>	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
<b>Purpose of this inspection visit:</b>	<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 wellbeing 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

St Joseph's Nursing Home is a two-storey building and residents are accommodated on the ground floor only. It currently provides long-term residential/continuing care and short-term convalescent and respite care for up to 18 residents. At the time of inspection there were 15 residents receiving long-term residential/continuing care and two residents receiving short-term respite care, seven of whom had a diagnosis of a dementia.

Bedrooms consist of one single room, seven twin-bedded rooms and one three-bedded room. All bedrooms have en suites which contain a wash-hand basin, assisted toilet and assisted shower. Additional to en suite facilities, there are two communal toilets each with a wash-hand basin and a communal bathroom with a bath, toilet and wash-hand basin.

Communal living space consists of two sitting rooms, one of which adjoins a dining area and there is also a conservatory sitting room. A visitors' room is situated at the main entrance and it is adjacent to the main office.

There is a large parking area to the front of the building and a smaller courtyard area to the rear.

### Location

St Joseph's Nursing Home is situated on the Dingle road seven kilometres outside the town of Tralee, Co. Kerry. It is a rural setting with views of Tralee Bay seen from the conservatory and main sitting room.

<b>Date centre was first established:</b>	1974
<b>Number of residents on the date of inspection:</b>	17
<b>Number of vacancies on the date of inspection:</b>	1

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	16	0	0	1

### Management structure

Derryquay Retirement Nursing Home Ltd. operates St Joseph's Nursing Home and the nominated Registered Provider is the Administrator, Jacinta Keane. Mary Humble is the Person in Charge and she reports to the Provider. All nursing and care staff report to the Person in Charge and all other staff report to the Registered Provider.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1*	1**	2*** 1****	1	2*****	1	1*****

\* 08:30hrs – 20:30hrs

\*\* 08:30hrs – 16:30hrs, additional nurse rostered to work to release the person in charge from nursing duties for the duration of the inspection

\*\*\* 08:30hrs – 20:30hrs

\*\*\*\* 09:30hrs – 15:30hrs, care staff member undertaking laundry duties, serving of light refreshments and facilitating activities programme

\*\*\*\*\* 10:00hrs – 12:00hrs

\*\*\*\*\* 10:00hrs – 14:00hrs, general duties including maintenance

## Background

St Joseph's Nursing Home was first inspected by the Health Information and Quality Authority on 16 December 2009 and 17 December 2009. The inspection report can be found on the Authority's website [www.hiqa.ie](http://www.hiqa.ie)

A registration inspection was undertaken by the Authority on 19 April 2011 and 20 April 2011. There was evidence that residents received a good standard of care and staff with whom inspectors spoke were knowledgeable about residents' individual health needs, and this was confirmed by the care practices observed. However, improvements were required in relation to reviewing the quality of care, documentation of complaints, assessment of residents' capacities for activities, the premises, information in staff files and completion of key documents. The inspection report included 23 required actions and 1 recommendation and it can be found on the Authority website [www.hiqa.ie](http://www.hiqa.ie)

A follow-up inspection was undertaken by the Authority on 4 October 2011. The inspector found that five of the 19 actions had been completed. An immediate action plan was issued to St Joseph's Nursing Home on 6 October 2011 in relation to wound management and a response was made to the Authority within the required timeframe. The inspection report included 14 required actions and 1 recommendation and it can be found on the Authority's website [www.hiqa.ie](http://www.hiqa.ie)

This additional inspection report outlines the findings of a follow-up inspection, which was undertaken by the Authority on 5 January 2012. The inspection focused on the 14 required actions from the previous inspection on 4 October 2011.

## Summary of findings from this inspection

The inspector found evidence that nine of the 14 required actions from the previous inspection had been completed and these included:

- measures to prevent accidents to any residents from heating radiators in the corridors
- development of a risk management policy as per the regulations and implementation of same
- three-monthly review and update of the nursing care plans
- frequent assessment of residents' dependency levels
- assessment of every residents' preferences and capacities for meaningful activities
- provision of relevant education and training of staff
- maintenance of an appropriate record of all complaints
- provision of a Resident's Guide that contains all of the required information
- a record of all referrals.

However, four of the required actions remained outstanding and these included:

- nursing wound management care plans in place for all residents who had wounds
- implementation of a quality review system for reviewing the quality and safety of care
- provision of written information for each staff member as per Schedule 2 of the regulations
- provision of suitable chairs for all residents
- provision of adequate sluice facilities.

The Action Plan at the end of this report identifies areas where improvements are needed to meet 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*.

## Issues covered on inspection

The findings of the follow-up inspection, in relation to the 14 required actions from the follow-up inspection on 4 October 2011 are set out below.

### Actions reviewed on inspection:

#### 1. Action required from previous inspection:

Ensure residents are provided with a high standard of evidence-based nursing practice in regard to wound management.

An inspector found evidence that since the previous inspection the standard of nursing practice in relation to wound management had improved as there was evidence that medical advice and specialist nursing advice had been sought in regard to the appropriate management of a resident's chronic wound. While there were frequently written wound assessments completed by nursing staff for any resident who had a wound, all of the required documentation was not in place as there were not nursing wound management care plans in place for all the residents that had wounds.

#### 2. Action required from previous inspection:

Take measures to prevent accidents to any residents from heating radiators.

Inspectors found that since the previous inspection wooden covers had been installed on all of the heating radiators.

#### 3. Action required from previous inspection:

Ensure that a comprehensive risk management policy is in place that contains the required information and it is implemented throughout the centre.

Since the previous inspection a written risk management policy had been developed that contained all of the information that is required in Article 31 of the regulations and it was in the centre and available for staff. Inspectors found evidence that the risk management policy was implemented as the required written clinical and environmental risk assessments were recorded and there was evidence that necessary corrective actions were completed.

#### **4. Action required from previous inspection:**

Provide a high standard of evidence-based nursing practice in relation to assessing residents' dependency levels.

Inspectors found evidence that residents' dependency levels were assessed and recorded at least every three months or more frequently if required.

#### **5. Action required from previous inspection:**

Ensure each resident has their nursing care plan revised at least three-monthly or more frequently if required, and agreed with the resident as required by the resident's changing needs or circumstances.

In the sample of nursing care plans that were reviewed by the inspectors, there was evidence that they were reviewed and updated at least every three months or more frequently if required.

#### **6. Action required from previous inspection:**

Ensure residents have opportunities to participate in activities appropriate to their interests and capacities.

An inspector found evidence that since the previous inspection an occupational therapist had assessed each resident for their individual preferences and capacities for relevant meaningful activities and there was a record of same. There was evidence that residents were provided with opportunities to actually participate in activities appropriate to their interests and capacities.

#### **7. Action required from previous inspection:**

Provide access to relevant education and training for all staff.

An inspector found evidence that since the previous inspection three staff members had completed training in SONAS (group therapeutic communication techniques used for residents with dementia) and SIMS (individual therapeutic communication techniques used for a resident with dementia). Some nursing and care staff had also been provided with updates on dementia care and end of life care that was facilitated by the person in charge using a DVD training package. A proposed training schedule for 2012 was given to the inspectors by the provider which included planned training sessions for staff in first aid, manual handling, infection control, diet and nutrition, continence promotion, SONAS, elder abuse, person-centred care and medication management.

**8. Action required from previous inspection:**

Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied. Ensure that all complaints and the results of any investigations into the matters complained and any actions taken on foot of a complaint are fully and properly recorded.

An inspector read written records of any complaints since the previous inspection and there was an appropriate record maintained that included all of the information that is required by article 39 of the regulations.

**9. Action required from previous inspection:**

Ensure that all of the written information as per Schedule 2 of the regulations is retained for each staff member who works in the centre.

An inspector found that not all of the documents that are required to be maintained for staff as per Schedule 2 of the regulations were available. Some staff did not have three written references and written evidence that they were physically and mentally fit for the purposes of the work they were to perform.

**10. Action required from previous inspection:**

Produce a written Resident's Guide that contains all of the required information.

Copies of a written Resident's Guide that contained all of the required information were available in the centre.

**11. Action required from previous inspection:**

Establish and maintain a system for reviewing the quality and safety of care and the quality of life of residents.

Since the previous inspection a resident satisfaction survey had been facilitated by the resident advocate and a report had been written with the findings. However, a robust quality review system that ensured the regular review of the quality and safety of care had not been implemented.

**12. Action required from previous inspection:**

Provide suitable chairs for all residents.

The provider indicated to the Authority in their written response to the action plan from the October 2011 inspection that some residents' family members had been

contacted regarding the need for them to provide funding for specialised chairs to be purchased for their own relative. The provider also indicated that contact had been made with the local Health Service Executive (HSE) regarding provision of specialised chairs following recommendation from an occupational therapist for three of the current residents. However, at the time of inspection the required chairs had not yet been purchased and the three residents were still unable to sit out of their beds.

**13. Action required from previous inspection:**

Provide adequate sluice facilities.

The provider indicated to the Authority in their written response to the action plan from the October 2011 inspection that development of the required sluice facilities would commence in early November 2011. However, at the time of inspection sluice facilities remained inadequate as the new sluice facilities were not completed.

**14. Action required from previous inspection:**

Ensure that records are maintained of all referrals.

An inspector found a record was maintained of an occupational therapist's assessments following referral from the residents' general practitioners (GPs).

**Report compiled by:**

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

6 January 2012

<b>Chronology of previous HIQA inspections</b>	
<b>Date of previous inspection:</b>	<b>Type of inspection:</b>
16 December 2009 and 17 December 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
19 April 2011 and 20 April 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
4 October 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

## Provider's response to inspection report \*

<b>Centre:</b>	St Joseph's Nursing Home
<b>Centre ID:</b>	0285
<b>Date of inspection:</b>	5 January 2012
<b>Date of response:</b>	19 January 2012

### 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 person in charge is failing to comply with a regulatory requirement in the following respect:

There were not nursing wound management care plans in place for all the residents who had a wound that needed wound dressings.

#### Action required:

Ensure each resident that requires it, has an up-to-date nursing wound management care plan in place and it is revised as required by the resident's changing needs or circumstances.

#### Reference:

Health Act 2007  
Regulation 8: Assessment and Care Plan  
Standard 3: Consent  
Standard 10: Assessment  
Standard 11: The Resident's Care Plan

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

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>Person in charge has spoken to all nursing staff and they have been told to ensure that nursing care plans correlate with any instructions given by general practitioners.</p>	Immediate

<b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
<p>Not all of the required documents as per Schedule 2 of the regulations were maintained for all staff, such as; three written references and written evidence that staff were physically and mentally fit for the purposes of the work they were to perform.</p>	
<b>Action required:</b>	
<p>Ensure that all of the written information as per Schedule 2 of the regulations is retained for each staff member who works in the centre.</p>	
<b>Reference:</b>	
<p>Health Act 2007  Regulation 18: Recruitment  Standard 22: Recruitment</p>	

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>Staff who have submitted self declarations have been requested to obtain same from their general practitioner. A third written reference has been requested from two staff members for whom these were outstanding.</p>	29 February 2012

<b>3. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
<p>A quality review system that ensured a regular review or evaluation of the overall quality and safety of care practices had not been established</p>	
<b>Action required:</b>	
<p>Establish and maintain a system for reviewing the quality and safety of care and the quality of life of residents.</p>	

<b>Reference:</b> Health Act 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Person in charge and provider received external advice and training in the area of auditing on 17 January 2012. The following is a schedule of auditing to be undertaken to ensure the quality and safety of care and the quality of life of residents is reviewed: January - health and safety, accident and incident, medication February - infection control, accident and incident, medication (shortened version) March - documentation, accident and incident, medication (shortened version) April - pressure ulcer care, accident and incident, medication (shortened version) May - food and nutrition, accident and incident, medication (shortened version) June - dementia care, accident and incident, medication (shortened version) July - activities, accident and incident, medication (shortened version) August - privacy and dignity, accident and incident, medication (shortened version) September - accident and incident, medication (full version) October – accident and incident, medication (shortened version).	On a continuous 10 monthly cycle from January 2012

<b>4. The provider are failing to comply with a regulatory requirement in the following respect:</b>  The centre lacked suitable chairs for all residents.
<b>Action required:</b>  Provide suitable chairs for all residents.
<b>Reference:</b> Health Act 2007 Regulation 6: General Welfare and Protection Regulation 19: Premises Regulation 31: Risk Management Procedures Standard 25: Physical Environment Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Contact was again made with the local Health Service Executive (HSE) in December 2011 regarding provision of specialised chairs that are required for some of the residents following assessment by an occupational therapist. These chairs are considered non-standard equipment and discussions remain ongoing between the provider and the HSE representative regarding the supply of the required specialised chairs. The residents' family members have been contacted regarding the need to purchase specialist chairs and some family members are choosing not to obtain the chairs following discussion with their relative.</p>	Ongoing

<p><b>5. The provider are failing to comply with a regulatory requirement in the following respect:</b></p> <p>The centre lacked adequate sluice facilities.</p>	
<p><b>Action required:</b></p> <p>Provide adequate sluice facilities.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 19: Premises  Regulation 31: Risk Management Procedures  Standard 25: Physical Environment  Standard 26: Health and Safety</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Sluice facility has been revised again and a new self-contained structure will be provided in accordance with the Authority's Standards (Section 6, Standard 25 (physical environment), B: criteria for existing centres.</p>	End of February/ early March 2012

## 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 30: Quality Assurance and Continuous Improvement	Undertake an annual review of systems and practices against the <i>National Quality Standards for Residential Care Settings for Older People in Ireland</i> and implement a corrective action plan where required.

**Any comments the provider may wish to make:**

**Provider's response:**

We would like acknowledge and thank the inspectors for the professional manner in which the inspection was carried out. The feedback meeting was an integral part of the inspection process as it was informative and outlined areas which had been improved since the previous inspection and areas which needed to be acted upon.

Whilst we acknowledge that the actions outlined above were outstanding on the day of the inspection, it is our intention to address these in a timely manner to ensure we provide quality, person-centred care to all our residents.

**Provider's name:** Jacinta Keane

**Date:** 19 January 2012