

Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act
2007



Centre name:	St Ursula's Nursing Home
Centre ID:	0171
Centre address:	Golf Links Road
	Bettystown
	Co Meath
Telephone number:	041-9827422
Fax number:	041-9827398
Email address:	Seamus.sarsfield@gmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Ballyhaul Ltd
Person authorised to act on behalf of the provider:	Seamus Sarsfield
Person in charge:	Teresa Ann Nicholls
Date of inspection:	26 July 2011
Time inspection took place:	Start: 09:00 hrs Completion: 20:50 hrs
Lead inspector:	Sheila McKevitt
Support inspector(s):	Nuala Rafferty
Type of inspection:	<input checked="" type="checkbox"/> Registration <input checked="" type="checkbox"/> Announced <input type="checkbox"/> 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 Ursula's is located in the village of Bettystown. It is situated directly opposite the beach and is within two minutes walking distance of the village. It is close to a main bus stop.

St Ursula's Nursing Home is a two-storey building with capacity to care for 24 residents. On the day of inspection there were 21 long term residents and one person on a two week period of respite living in the centre. All residents were over the age of 65.

The ground floor accommodation includes 17 single bedrooms, all with wash-hand basins, two assisted shower rooms containing an assisted shower, toilet and wash-hand basin. There is also a separate assisted toilet located by the dining room. A large bright sitting room to the front of the centre overlooks the beach across the road. The quite conservatory situated by the sitting room is also used as a visitors' room.

The first floor, which residents can access via the stairs or chairlift, has seven single bedrooms with wash hand basins, an assisted bathroom containing an assisted shower, bath, toilet and wash hand basin. A small sluice room is also situated on the first floor. There was no garden for residents use.

Date centre was first established:		1980		
Number of residents on the date of inspection:		22 (plus 2 in hospital)		
Number of vacancies on the date of inspection:		0		
Dependency level of current residents:	Max	High	Medium	Low
Number of residents	7	5	7	3
Gender of residents		Male		Female
		(✓)		(✓)
		✓		✓

Management structure

The registered provider, Seamus Sarsfield manages the centre. The person in charge, Ann Nicholls reports directly to him. All staff report directly to the person in charge. She is supported in her role by a senior staff nurse.

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 one day inspection. Inspectors observed practices and reviewed documentation such as 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 allied health care. Medical care was provided on an ad hoc basis and residents were not reviewed by their general practitioner on a regular basis. Medication administration required reviewing as the current practice was unsafe. The prescribing and discontinuing of medications also required improvement.

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.

Resident records such as their care plans need to be improved upon to ensure they reflect the needs of residents. Records such as the contract of care, complaints

policy and the residents guide require a review to ensure they meet the legislative requirements.

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. For example, the experience and qualifications of the provider and person in charge was not outlined, the organisational structure and number and size of rooms was not included.

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

There was little evidence that quality improvement processes were being used to inform practices.

The person in charge had put a system in place to audit medication management on an annual basis. Inspectors reviewed these completed audits for 2009, 2010 and 2011, the results of which were used to inform practice.

There was no continual audit process in place to review other areas of clinical practice such as accidents/incidents, nursing documentation, complaints, use of restraint or hand hygiene.

Inspectors observed audit tools had been sourced to gather the required information. However, the person in charge confirmed no other audits had been completed to date.

In May 2011 the person in charge had started a process of auditing the quality of service from a residents' perspective. To date just two respite residents had completed the forms which the person in charge was reviewing on a monthly basis. As both residents were satisfied with everything no changes to practices were made.

There was a private comments box available for residents and relatives, the person in charge stated this was never used by either party.

Residents attended meetings led by one of the two volunteers who came into the centre. Minutes of these meetings were reviewed. There was evidence that residents requests informed changes in practices. For example, in January 2010, residents had asked for a movie night. Inspectors observed a notice stating movies, Friday, 15:00 – 17:00 hrs.

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

The complaints procedure was written in a user-friendly manner and prominently posted in the lobby. It was also described in the residents' guide and the statement of purpose. However, it did not meet the regulatory requirements as it did not include an appeals process.

The person in charge was identified as the named complaints officer. She described her role and told inspectors that there were no written complaints. She provided a record of all verbal complaints for the inspectors to review. The log recorded all relevant details of the how the verbal complaints were dealt with. However, they did not include the complainant's level of satisfaction with how the complaint was managed.

There was a policy in place whereby all staff had to sign each complaint to indicate they had read it. The person in charge confirmed she was not compiling an analysis of complaints to inform improvements within the centre.

An advocacy service had recently been contacted by the person in charge. The name of a trained advocate who agreed to visit residents in the centre had been given to the person in charge. However, the advocate had not yet made her first visit to the centre.

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.

A centre-specific policy was available on detection and prevention of elder abuse. The person in charge and staff spoken with displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. Contact details of the local designated elder abuse officer were available in the centre. All but two staff who had started employment recently had received training on identifying and responding to elder abuse. The person in charge informed inspectors that she had planned dates for their training.

Residents spoken with confirmed to inspectors that they felt safe in the centre. They primarily attributed this to the staff being so friendly, approachable and to their experience of receiving a high standard of care. In addition, they informed inspectors no one could access the building without staff releasing the secure door.

The person in charge monitored safe guarding practices in the centre. She regularly spoke to residents and relatives, reviewed the systems in place to ensure safe and respectful care, monitored the management of complaints, and ensured that the staff understood the centres' policy and procedure in relation to elder abuse, including reporting procedures. All staff had signed the elder abuse policy to indicate they had read and understood its content.

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

Risk was well managed. The risk management policy was clear, concise and was in line with regulatory requirements. There was a health and safety policy in place and a health and safety statement which was dated October 2010. The building had been completely risk assessed by the provider in January 2011. Risks identified were risk rated, measures put in place to address the risk recorded and a review date set. A safety audit was conducted on a monthly basis. Records of the audit last carried out in July 2011 were reviewed and inspectors noted all items had been addressed without delay.

There was an emergency plan in place and it covered what to do in the event of all emergencies including fire. A copy of this plan was posted on a wall where it could be clearly seen by staff and residents.

Fire safety was managed well in the centre. Qualified personnel checked all fire equipment, the fire alarm, exit doors and emergency lighting on a regular basis. Fire exits were checked on a daily basis. Fire drills were practiced by the provider on a regular unannounced basis and records of these were maintained in the fire book. A debriefing session took place after each practiced drill and areas for improvement agreed with those staff members present.

The fire alarm sounded during the inspection process and inspectors observed staff gathering at the fire panel and awaiting instructions from the person in charge, as per the centres policy. However, 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 to date.

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 storing and disposing of medication. Review of records and observation of practice indicated that these procedures were not fully implemented and the drug administration practices were not safe.

Inspectors observed the staff nurse commence the morning medications at 09:30 hrs in the sitting room, where residents were eating breakfast. The staff nurse was disturbed throughout by care staff, kitchen staff and residents, on one occasion leaving the medication trolley opened while administering medications to residents in the smoking room. She completed the medication administration at 11:45 hrs.

There was no maximum dose for PRN medications prescribed. In addition, there was no date or doctors signature to indicate when medications had been stopped although a double line was marked across the name of the drug, it was not clear who had stopped the medication.

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 there was evidence medication management practice was being reviewed or monitored on an annual basis.

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 received a high standard of nursing care. Inspectors observed staff attending to residents' personal needs as and when chosen by the resident.

Recognised assessment tools were used to assess residents on admission and within a three month period post admission. These included assessments for risk of pressure ulcers, malnutrition, and falls risk. Inspectors observed good nursing

practice. Residents who were assessed as being at risk of developing pressure ulcers had a pressure-relieving mattress and chair cushion in place.

Inspectors reviewed two care plans and found there was not a care plan in place to reflect all needs identified on assessment or to reflect newly identified needs of the resident. For example, one resident who had pain did not have a care plan in place for pain. However, staff were evaluating her pain daily in her progress notes. Three-monthly reviews were completed, dated, and signed by staff. Relatives of cognitively impaired residents informed inspectors that they were involved in the residents care plan review.

Residents' individual social need assessment was completed on admission and this was reflected in their recreation and social interaction care plan. There was an activities timetable posted on the residents' notice board. Residents informed inspectors that they had exercise classes every morning and other planned activities were based on the residents' choice. Residents told inspectors that staff facilitated them walking down to the village to go for a drink, have morning coffee, afternoon tea or to do some personal shopping. They also accompanied them across the road to walk on the beach.

The centre had two local general practitioners (GPs) providing cover to residents. Residents were encouraged to retain their own GP, but where this was not possible the person in charge confirmed she assisted them to transfer to the local GPs. However, she stated the transfer process was slow. A review of a sample of medical records confirmed that one resident who was admitted to the centre in January 2011, was not seen by a doctor until April 2011 when a doctor on call services were availed of and was not reviewed by her general practitioner until July 2011. Inspectors also found residents were not reviewed by their GP on an ongoing basis or no less frequently than at three-monthly intervals.

Inspectors observed that few residents had bed rails in place. Alternate measures were tried and tested prior to the use of a restraint. For example, one resident who was at high risk of falling had an alarm mat in place on his chair and this option was an alternative to a restraining seat belt. A record was kept of any occasion restraint was used its duration to indicate the resident and/or their next of was consulted.

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

There was an end of life policy available. A review showed it included all aspects of end of life care. Residents care plans included their end of life preferences including their religious needs. There was no resident receiving end of life care during the inspection.

Residents were referred to the local palliative care team to advise on and support symptom management if required.

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 had a choice of food at each meal time and inspectors observed staff offering a choice at breakfast and lunchtime. Inspectors observed the choice was displayed on a notice board on the main corridor and on individual menus on each dining table. Residents confirmed they were satisfied with the choice and said that when they requested change in the menu their request was dealt with in a positive manner.

Residents' dietary needs were being met. The kitchen staff knew which residents required special diets and the consistency to which residents required these diets to be served. Soft diet items served to residents at lunch time were presented in an appetising manner.

Residents confirmed that staff served food to them where ever they wished to eat it. Inspectors observed a number of residents having their breakfast in the sitting room and others in the smoking room. Most residents had their lunch in the dining room, which was an appropriate size for the number of residents. The tables were set in a homely manner and residents who could were encouraged to be independent at mealtime. Inspectors saw staff sitting with these residents and assisting them respectfully in the dining room where the atmosphere was good.

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. Those reviewed set out the overall care and services provided to the residents but did not include the overall fee charged. Inspectors noted that residents who are supported by fair deal were levied additional weekly charges for personal laundry and incontinence wear that are included in the fair deal payment. Inspectors had concerns that the weekly charge of ten euro to some residents for toiletries and everyday sundries appeared excessive.

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, 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 requests in a prompt manner. Daily newspapers were bought and delivered to some individuals at their request and additional copies were available 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 also observed by inspectors. The manner in which staff addressed residents was appropriate and respectful. Staff knocked before entering residents' bedrooms and waited for permission before entering. All communal toilets and bathrooms had privacy locks.

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, where to eat, what to eat, whatever their choose staff facilitated it. 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 room or in the visitor's room/sunroom. One resident explained how staff were so welcoming and courteous to them, offering them refreshments when visiting their relative. 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.

Mass is celebrated in the centre on a weekly basis. Other religious denominations were visited by their ministers, as required. One resident told inspectors that residents joined together and said the rosary once a week.

Residents told inspectors that two ladies came in to chat to them each week, one of whom chaired the residents' committee on their behalf.

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

Facilities were available for residents to have their clothes laundered. Each resident had adequate storage facilities to store their clothes in their bedroom. However, residents did not have access to a lockable storage area within their bedroom.

Inspectors observed that residents' clothing was labelled with their name, stored neatly and there were no complaints regarding clothing.

There was a policy in place for residents' personal property and possessions. A written record of residents' personal possessions on admission was viewed in residents' notes these were kept up to date by staff.

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 person in charge is a registered general nurse. She has experience in caring for older persons and has completed a Further Education and Training Awards Council (FETAC) level six Gerontology course. She has management experience and has completed a management supervisory course in the past. She is employed fulltime in the centre and this was reflected in a review of the staff roster.

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

There were appropriate staff numbers and skill mix to the assessed needs of residents, and to the size and layout of the designated centre. A review of previous staffing rotas indicated that these were the usual staffing arrangements.

Staff were recruited in accordance with the recruitment policy which was reflective of regulatory requirements and best practice. A review of three personnel files showed the policy was reflected in practice.

Staff training records reflected that all staff had received mandatory training in fire safety and evacuation, detection and prevention of elder abuse and manual handling of residents. Inspectors noted staff had attended training in relation to cardio pulmonary resuscitation, caring for residents with dementia, wound management and use of restraint.

The person in charge had commenced completion of annual professional development plans for staff and had a plan in place to complete with all staff.

The person in charge had developed and provided staff with a synopsis of the regulations and the standards for quick reference. Staff informed inspectors that copies of both the regulations and the standards had been made available to them and staff spoken with expressed a good knowledge of the regulations and standards. Staff were clear about their roles and responsibilities and were able to explain these to inspectors.

The person in charge holds staff meetings throughout the year. Staff told inspectors that they contribute to the agenda and the person in charge embraces change. The provider and person in charge have management meetings on a monthly basis. A sample of the minutes of these meetings showed that topics discussed included reporting of complaints, falls, nursing documentation and activity provision.

The two volunteers who visit residents in the centre had their roles and responsibilities outlined to them by the person in charge.

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 centre was secure and safe for residents. They were provided with comfortable private space which they had decorated with their own pictures, photos and personal belongings. Each resident had their own private bedroom.

There were five toilets, four of which were assisted toilets, some located near communal areas. All bedrooms had a wash-hand basin and were located near a communal bathroom and toilet.

There were three communal bathrooms, one of which contained an assisted bath, shower, wash-hand basin and toilet and were situated on the first floor. The other two situated on the ground floor, contained an assisted shower, wash-hand basin and toilet.

The corridors were wide, bright and contained hand rails on both sides. Residents were observed mobilising in the corridors using the handrails provided.

All equipment required to meet the needs of the residents was available. Service documents reviewed demonstrated that all equipment was being serviced according to manufacturers' instructions including the heating system and the generator.

A storage area for equipment was provided. Equipment not in use was stored in this space.

Separate cleaning rooms were provided for catering and non catering staff. One included all the required equipment outlined in the standards the other used by catering was in the process of having sinks installed.

The laundry room and the sluice room contained all the required equipment.

The boiler system in the centre had just been replaced. Hot water taps were thermostatically controlled and hot water was measured below 43 degrees Celsius.

Residents had access to a small seating area, which had been developed around the main entry door. This area contained garden furniture and potted flowers. Residents were seen using this area during the inspection. There was no room available on the current site for a garden. However, residents informed inspectors when staff were free they assisted them across the road to the beach.

7. Records and documentation to 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

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*

The residents guide reviewed on inspection did not include all the information outlined in the statement of purpose, did not include a contract of care/services or a copy of the last inspection report.

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required*

General records (Schedule 4)

Substantial compliance

Improvements required*

As outlined above the "Residents guide" did not meet the regulatory requirements.

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. All relevant incidents were notified to the Chief Inspector of Social Services as required.

The provider had submitted all quarterly returns within the correct time frame.

Outcome 18

The Chief Inspector is notified of the proposed absence of the person in charge from the designated 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 senior staff nurse deputises for her in her absence.

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 provider, and the person in charge, 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

09 September 2011

Provider's response to inspection report

Centre:	St Ursula's Nursing Home
Centre ID:	0171
Date of inspection:	26 July 2011
Date of response:	27 September and 25 October 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 all 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:
<p>Provider's response:</p> <p>The new updated Statement of Purpose has been forwarded to our lead inspector. Including matters referred to in schedule 1 included.</p>	<p>25 October 2011</p>

Outcome 2: Reviewing and improving the quality and safety of care

<p>2. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>All aspects of care practices were not been audited to determine if they were safe or if they were meeting the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).</p>	
<p>Action required:</p> <p>Establish and maintain a system for reviewing the quality and safety of care provided to, 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>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We are establishing and maintaining a system for reviewing quality and safety in our centre. Auditing accidents and incidents, looking for patterns and putting preventative measures in place as required, with action plans.</p> <p>We have updated our nursing documentation and all care plans are reviewed on a three monthly basis and more frequently if required. We strive to improve on our practice, by ensuring quality and that auditing is carried out in accordance with best practice and ethical principles.</p>	<p>End of November 2011</p>

Outcome 3: Complaints procedures

<p>3. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The complaints procedure does not contain an independent appeals process.</p>

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Action required: Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.	
Action required: Maintain a record of all complaints including whether or not the resident was satisfied.	
Reference: Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: There is an operational policy and procedure in place for any complaints received.	Immediate

Outcome 5: Health and safety and risk management

4. 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 received to date.	
Action required: Provide to the Chief Inspector, 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.	
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: Provided to and received by Lead Inspector.	Immediate

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Outcome 6: Medication management

<p>5. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The practice of drug administration was unsafe as the nurse was continuously distracted by residents and staff.</p> <p>Drugs discontinued were not signed or dated by the residents' general practitioner, it was not clear who was discontinuing residents' medications.</p> <p>The maximum dose for PRN medications prescribed was not entered.</p>	
<p>Action required:</p> <p>Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management</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>There is a policy and procedure on medication management . Three out of our six staff nurses have been updated by pharmacy on the policies and procedures 2 more dates for teaching have been arrange for the beginning of November. All staff nurses to sign to say they have read and understand the policy and standard 14.</p> <p>All staff in St Ursula's informed that the nurse doing the medication round cannot be interrupted.</p> <p>A new medication kardex has been introduced and implemented, it has been reviewed by the GPs and all kardexs signed and all medications will be reviewed on a three monthly basis by the residents GP, the pharmacist and the nurse on duty. All residents who require medications to be crushed have been reviewed by their GP and our pharmacist. All medications that are discontinued</p>	<p>All updates to be completed by 10 November 2011. Reviews are on-going</p>

<p>will be signed by a GP.</p> <p>All medication errors are reported and recorded. Learning is fed back to improve residents' safety and to prevent reoccurrence. All stock is checked on a monthly basis so that over-ordering is prevented.</p>	
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Outcome 7: Health and social care needs

<p>6. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Residents' were not been reviewed by their general practitioner on admission and were not been reviewed on a regular basis or within a three month timeframe.</p>	
<p>Action required:</p> <p>Provide appropriate medical care by a medical practitioner of the residents' choice or acceptable to the residents.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Health Care Standard 18: Routines and Expectations</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>All residents to be reviewed by their GP within 48 hrs of admission. Residents are reviewed on a three monthly basis and more often if required, all measures taken to ensure this is adhered to.</p>	

Outcome 7: Health and social care needs

<p>7. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Residents' did not have all their individual needs reflected in their care plan.</p>	
<p>Action required:</p> <p>Set out each resident's needs in an individual care plan developed and agreed with the resident.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 8: Assessment and Care Plan</p>	

Standard 3: Consent Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 17: Autonomy and Independence	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All residents care plans are commenced within 48 hours of admission or before then if indicated by a general risk assessment. We have introduced a new individualised care plan for all of our residents and we actively encourage our residents and family members to participate in this process. This will ensure that our residents' individual needs are met. Care plans are reviewed on a three monthly basis and more regularly if required.	Six weeks

Outcome 10: Contract for the provision of services

8. The provider is failing to comply with a regulatory requirement in the following respect: Contracts of care did not consistently set out the overall fee to be paid and the fees listed for additional services were often already covered by the state payment under fair deal. Ensure that fees for personal items as levied reflects actual cost to the resident.	
Action required: 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.	
Reference: Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All contracts of care completed and signed, with fees included	Immediate

Outcome 12: Residents' clothing and personal property and possessions

<p>9. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Residents' do not have access to a lockable storage area within their bedroom.</p>	
<p>Action required:</p> <p>Provide adequate space for a reasonable number of each resident's personal possessions and ensure that residents retain control over their personal possessions.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 7: Residents' Personal Property and Possessions Standard 4: Privacy and Dignity Standard 17: Autonomy and Independence</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>Thirteen lockable safes in place and 11 ordered and will be in place by 8 November 2011.</p>	<p>Two weeks</p>

Outcome 16: Records and documentation to be kept at a designated centre

<p>10. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The residents' guide in place did not meet the regulatory requirements.</p>	
<p>Action required:</p> <p>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.</p>	
<p>Action required:</p> <p>Supply a copy of the revised resident's guide to the Chief Inspector.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 21: Provision of Information to Residents Standard 1: Information</p>	
<p>Please state the actions you have taken or are planning to</p>	<p>Timescale:</p>

take with timescales:	
Provider's response: Copy to be provided	4 November 2011

Any comments the provider may wish to make:

Provider's response:

I wish to thank the inspectors for the manner in which they conducted their inspection. Thank you for your inspection draft. After a meeting with my staff members in St Ursula's we have now responded to the recommendations and have inserted a time-frame for them.

Provider's name: Seamus Sarsfield

Date: 25 October 2011