

Health Information and Quality Authority  
Social Services Inspectorate

Registration Inspection report  
Designated Centres under Health Act 2007



|   |   |
|---|---|
| Centre name:  | 0169  |
| Centre ID:  | St Joseph's Nursing Home  |
| Centre address:                                     | Clones Road   |
|   | Ballybay  |
|   | Co. Monaghan  |
| Telephone number:                                   | 042-9741141   |
| Fax number:   | 042 9748103   |
| Email address:                                      | olshballybay@eircom.net   |
| Type of centre:                                     | <input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public                            |
| Registered provider:                                | The Congregation of the Daughters of Our Lady of the Sacred Heart   |
| Person authorised to act on behalf of the provider: | Sr. Kathleen Philomena McQuillan  |
| Person in charge:                                   | Sr. Kathleen Philomena McQuillan  |
| Date of inspection:                                 | 30 and 31 August 2011   |
| Time inspection took place:                         | Day 1 <b>Start:</b> 10:45 hrs <b>Completion:</b> 19:30 hrs<br>Day 2 <b>Start:</b> 08:50 hrs <b>Completion:</b> 16:00 hrs                  |
| Lead inspector:                                     | Siobhan Kennedy   |
| Support inspector(s):                               | Sonia McCague   |
| Type of inspection:                                 | <input checked="" type="checkbox"/> Registration<br><input checked="" type="checkbox"/> Announced<br><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 she / 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](http://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

The centre is located on the Clones road on the outskirts of Ballybay town. The town is within walking distance with a pedestrian footpath leading to shops and business facilities. It is on an elevated site overlooking a lake and has a view of the town and countryside.

The centre caters for female residents requiring short and long-term general nursing care.

St. Joseph's Nursing Home is a two-storey building which can accommodate up to 20 residents. Currently there are 16 single rooms, and two two-bedded rooms. Four of the bedrooms have en suite shower facilities and the other rooms have wash-hand basins. There are six additional toilets (five of which are assisted), three assisted shower rooms and one assisted bathroom.

Other facilities include a large sitting room, casual sitting areas in alcoves off corridors, dining room, treatment/general practitioners' rooms, hairdressing salon, two sluices, laundry and a variety of storage spaces.

The centre is adjacent to St Anne's, the residence of the Sisters of the Congregation of the Daughters of Our Lady of the Sacred Heart and is where the person in charge who is a Sister of the Congregation lives. Residents can use some of the facilities in St Anne's for example two visitors' rooms one of which is available for dining, offices, kitchenette and a chapel. The entrance to this part of the centre is ramped to facilitate wheelchair access.

The gardens to the rear and side of the centre are mature and well maintained and there is a safe enclosed garden area to the front with raised beds and seating accessible from the sitting room.

|   |            |             |               |               |
|---|------------|-------------|---------------|---------------|
| <b>Date centre was first established:</b>             |            |             | 1970          |               |
| <b>Number of residents on the date of inspection:</b> |            |             | 17            |               |
| <b>Number of vacancies on the date of inspection:</b> |            |             | 3             |               |
| <b>Dependency level of current residents:</b>         | <b>Max</b> | <b>High</b> | <b>Medium</b> | <b>Low</b>    |
| <b>Number of residents:</b>                           | 0          | 10          | 2             | 5             |
| <b>Gender of residents:</b>                           |            |             | <b>Male</b>   | <b>Female</b> |
|   |            |             | None          | (✓)<br>17     |

## Management structure

The Provider and Person in Charge of the centre on behalf of the religious order, the Congregation of the Daughters of Our Lady of the Sacred Heart, is Sr. Kathleen Philomena Mc Quillan who has responsibility for the overall strategic development and the day-to-day management of the centre. Geraldine O'Reilly deputises for Sr. Kathleen in her absence. Ita Maguire, Nurse Administrator, assists in a managerial role. The care and support staff all report directly to senior management.

## **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. Documentation and records examined related to fire and health safety, staffing, operational policies and procedures, care planning and assessment. The inspectors had opportunity to assess the environment and observe care practises. Separate fit person interviews were carried out with the provider/ person in charge and the person who would act in the absence of the person in charge. The fit person self-assessment document was completed in advance of the inspection. This was reviewed by inspectors, along with the information provided in the registration application form and supporting documentation including satisfaction questionnaires, which had been completed by nine resident and six relatives.

Registration is being sought to accommodate 20 female residents primarily over the age of 65 years of age for long term and short term general nursing care. Care can also be provided for those who are terminally ill, have a mental health condition and dementia.

The action plan in relation to the previous inspection report of the 24 August 2010 (which identified areas related to risk management, health and safety, protection of residents' from harm, care planning, staff training, having appropriate documents, polices and procedures and environmental standards) had been substantially progressed.

Residents were positive about day-to-day life experienced in the centre. They expressed satisfaction with the facilities and services, health care treatment received and variety and choice of meals. Some residents described their daily routines and emphasised that they were given many opportunities to be involved in spiritual activities, which was part of their lifestyle prior to coming to live in the centre.

Questionnaires completed by relatives confirmed that they are made welcome and can spend time in private with their family member. They considered that staffing levels were adequate and staff members were supportive, informative and very pleasant. They were full of praise regarding the care of residents' clothing, information from management regarding the up-to-date care and condition of residents and the cleanliness of the environment.

The inspectors observed a well-trained and supervised staff group carrying out their duties in a friendly manner. They were knowledgeable about residents' individual needs and worked as a team to meet these. The provider/person in charge is an experienced nurse and had good knowledge of the legislation and Standards in relation to the residential care setting. She and the two members of the senior management team who have qualifications and experience in nursing and management facilitated the inspection process and had documents readily available. Staff members acknowledged the support they received from the managerial team.

The design and layout of the physical environment is of a high standard. The accommodation is spacious and bright. In particular, residents expressed their delight with the beautiful views over the lough and the newly created enclosed garden, which was safe, had shrubs, and raised flowerbeds.

Inspectors found that the provider/person in charge is compliant with 10 of the eighteen outcome statements, which are based on the Health Act 2007 (Care and Well for 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*. Some areas identified for further improvement relate to fire precautions, medication management, staff training and residents' contracts of care. Details are provided under the outcome statements and the Action Plan at the end of this report.

## 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 is comprehensive and meets the requirements of Schedule 1 of the (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

#### **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**

The Provider/Person in Charge demonstrated that she and the managerial team had introduced systems to monitor the quality of care provided and quality of life experienced by residents in the centre. Documentation reviewed by the inspectors confirmed that audits and residents' surveys were carried out. Monthly data was collated on a number of topics for example medication management, residents with pressure sores, residents displaying challenging behaviour and any form of restraint implemented as part of the treatment plan. Areas for improvement had been identified and action plans put in place to address any shortcomings identified. For example in one instance, a review had been initiated due to a resident's condition and the suitability of the continuation of care and accommodation in the centre discussed. A review of the minutes of a staff meetings confirmed that audit findings had been discussed.

**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' policy and statement of the procedure for managing complaints was examined and found to contain all the information required by legislation. It provided information on the making, handing and investigation of complaints and was prominently displayed on the main notice board. A summary of the policy/ procedure was available in the resident's guide and the statement of purpose.

The record of complaints, which was examined by the inspectors had been satisfactorily maintained and described the details of the complaints, the outcome and action taken as a result of investigation. In interviews with some residents and a relative they knew who to complain to if, they had any concerns and confirmed that the matter would be addressed.

**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**

Management had put measures in place to protect residents' from abuse. There was a detailed policy and statement of procedure. The content of the ongoing training programme on the protection of residents from elder abuse, which staff had participated in, was found to be detailed and comprehensive. During discussion with the inspectors, staff were knowledgeable about reporting mechanisms and what to do in the event of a disclosure about actual, alleged or suspected abuse. The maintenance staff member had not received this training but inspectors were informed that the training course is delivered on an ongoing basis and the staff member will be given the opportunity to participate in the next session.

Residents interviewed and those who completed questionnaires confirmed that they felt safe in the centre. Examples of resident's comments included 'I feel safe and secure', 'I am well cared for' and 'there is always staff to look after me'.

Systems and practices were in place to manage residents' finances. An independent company audits financial records on an annual basis.

#### **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**

In the main the health and safety of residents, visitors and staff was promoted and protected. However, some improvements are required.

Policies, procedures, systems and practises regarding managing risks were in place and a designated health and safety officer had been identified and was responsible for assessing, monitoring and analysing potential risks with a view to minimising these. This approach considered individual risks to residents such as accidents and general risks associated with the premises and service delivery. On the second morning of the inspection, senior management and staff were receiving training from an external company with regard to the implementation of the health and safety statement and risk management procedures.

The Authority had received correspondence from Marcus Dance, Chartered Engineer with C S Pringle Ltd stating that the centre had been inspected on the 8 November 2010 and that it met the fire safety requirements of Articles 27 and 28 of the Nursing Home (Care and Welfare) Regulations 1993 and amended by Statutory Instrument 1477/1994. However, this legislation has been superseded by the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 (as amended). Therefore written confirmation should be provided to the Authority confirming that all statutory requirements relating to fire safety and building control at the premises have been substantially complied with, as required under Article 4 (3) (d) of the Health Act 2007.

Inspectors saw that records were maintained regarding the servicing of fire equipment, the fire alarm system and fire officer's visits and the training records showed that staff had participated in fire training including fire drills. However, some staff were not able to explain fully to the inspectors the fire evacuation procedures. Inspectors observed that the majority of evacuation plans were not accurate in showing the evacuation route from specific locations within the centre. Examination

of records identified that some fire doors were wedged open for example bedrooms numbers 25 and 32.

There were systems to monitor the quality of care and safety of the residents. Incidents and accidents, which occurred in the centre, were subject to regular review. There were a range of measures in place to prevent accidents and facilitate residents' mobility, including liaison with occupational therapy and physiotherapy. Training on moving and handling was provided to ensure that staff involved in the care of residents were up to date in their knowledge.

An emergency plan was in place and staff who spoke with the inspectors were familiar with it and knew who to contact and what to do in the event of an emergency.

The environment was clean and well maintained and in the main, measures were in place to control and prevent infection. These included the arrangements for the segregation and disposal of waste, including clinical waste. Staff had received training in infection control and in discussion with the inspectors were aware of the policy and procedures in place to control infection. A member of the housekeeping staff was able to describe to the inspectors the cleaning systems in place and how these worked in practice.

#### **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**

In the main, there were policies procedures systems and practices in place regarding the management of medicines. However, some improvements were identified.

Controlled drugs were stored safely and stock levels were recorded at the end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. There were appropriate procedures for the handling and disposal of unused and out of date medicines. A list of the names and a copy of the signatures of all nurses involved in administration of medication was maintained. Good arrangements were in place with the pharmacist.

In discussions with the nurse who was administering medicines it was noted that she was unsure of the GP's signature/name. Observation of practice found that a prescription that did not permit the crushing of medicines was not being adhered to. Although GPs reviewed residents' medicines, the record was not specific and detailed to take account of the review of all medicines prescribed for each resident. This also further dealt with under outcome 16 medical records.

### **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**

The inspectors found a high standard of evidence-based nursing, medical and allied health care. The centre had sufficient GP cover, and a local out-of-hours GP service was available. Residents were encouraged to retain their own GP, but where this was not possible, the provider/person in charge assisted them to transfer to a local GP. Review of residents' medical notes showed that GPs visited the centre regularly and were available as required. Entries in residents' care plans showed that residents had access to Allied Health Professional services, including the physiotherapist, occupational therapist, optician and chiropodist who provided their services to residents based on a referral from staff in the centre. There was documentary evidence of the involvement of the dietician in the development of menus for residents with special dietary needs.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. Social care assessments have been carried out and activity charts completed in respect of residents participation in various activities. On the day of the inspection, an aromatherapist was in the centre delivering individual treatment programmes to a number of residents. Also the hairdresser was in the centre and many the residents had made an appointment to see her. There is Mass each morning and the priest and minister visits residents regularly. Residents who spoke with the inspectors were complimentary of the activities offered and were very fond of the entertainment provided by community musicians.

Documentation maintained included admission records and care plans. Each resident had a care plan and those examined by the inspectors showed some evidence of the residents' involvement and agreement with it. For example, either the resident or resident's next of kin signed the care plans. A relative communicated to the inspectors that she provided information on behalf of her relative in order to inform the care planning process. The records contained details of residents' dependency and assessed needs, objectives of care, treatment plans and nursing interventions. Risk assessments had been carried out in relation to a number of health care issues for example continence, nutrition, swallowing, accidents and falls. Staff adopted validated tools to risk rate residents, for example, the Braden scale was used to identify the risk of developing pressure sores. During conversations with the inspectors, staff were knowledgeable and familiar with residents' care plans, needs, and preferences. Residents are weighed on a monthly basis and a record was maintained. Appropriate action was taken with regard to undue weight gain and loss, for example referral to the GP and dietician. There was a policy and procedure on the use of any form of restraint. Staff also were knowledgeable that new HSE guidelines have been published, but have not yet received training in these.

#### **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**

A policy and procedure was devised to provide care for residents at end of life. Good arrangements were in place with the local HSE palliative care team. Staff told the inspectors that a palliative care nurse visits as required and is available to them for advice and guidance. A care plan examined by the inspectors indicated that residents' wishes regarding end of life care had been discussed and staff were knowledgeable about the resident's individual preferences. Two care staff members have attended training in this area of care and they are able to share their knowledge with the staff team.

#### **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

The inspectors observed the lunchtime meal and examined menus. It was evident that residents received a nutritious and varied diet that offered choice. The mealtime was a relaxed social occasion that provided opportunities for residents to interact with each other, the visiting Sisters from the Congregation and staff. In the dining room, table settings for residents included condiments, a selection of drinks and matching cutlery and crockery with napkins. The menu was clearly displayed and the inspectors observed staff discussing the menu options with each resident. Staff were seen sitting with residents assisting them to eat. The 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. Catering staff were knowledgeable about the dietary needs of residents and were aware any who required a special diet. Throughout the day, staff offered residents a variety of snacks and drinks. Jugs of fresh water were readily available in communal areas and in residents' rooms and these were refreshed on a regular basis. Residents were complimentary of the food provided and a recurring comment was the meals are wonderful.

A copy of the most recent environmental health report was available (31 March 2011) and evidenced that the kitchen was in substantial compliance with the relevant statutory requirements.

## 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

The inspectors examined a sample of the completed contracts of care that had been agreed with residents. While these were comprehensive and set out the overall care and services to be provided to residents, the detail of actual fee charged was inaccurate.

### **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**

A residents' forum had not been established at the request of residents. Regular meetings took place between the provider/ person in charge and resident on a one-to-one basis. This provided residents with an opportunity to express their opinions and views and participate in the operation of the centre. Feedback was also encouraged through a suggestion box and the use of resident satisfaction questionnaires. These sought information on a variety of topics such as nutrition, the quality of care, accommodation, activities, staffing and the environment.

The residents interviewed indicated that they were satisfied with the level of privacy afforded them in all aspects of personal care. The inspectors observed that staff addressed residents in an appropriate and respectful way. Staff were seen to knock before entering bedrooms and waited for permission before entering. In the shared bedrooms, curtains were used to ensure that privacy and dignity was maintained.

There were no restrictions on visiting. Residents were able to meet with visitors in their bedrooms or in the visitors' sitting and or dining room. The inspectors observed good interactions between staff, residents and their relatives/visitors and were informed that the managerial staff team speak with each resident on a daily basis. A relative was informed that she could contact the centre at any time within the 24 hour period due to the health condition of her family. Residents were given the opportunity to exercise as much choice and control as possible over their own lives and to retain their independence as far as possible.

**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

There was adequate space for residents' personal possessions. Inspectors noted that residents personalised their bedrooms with photographs, pictures and other belongings including furniture. A record of residents' belongings is maintained.

All residents had adequate storage space for clothes and personal possessions, which included secure storage.

There was a well-equipped laundry system in place but there was not an appropriate segregation of dirty and clean laundry. The laundry staff member was knowledgeable about infection control and the different processes for different categories of laundry. Clothing was marked and returned to the residents following laundering. All of the relatives who completed questionnaires for the Authority were satisfied with the laundry service.

## 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 and midwife. She has many years experience of caring for older people and managing services in a variety of settings in Ireland and abroad. She has been in her current full time post since 2001.

During the fit person interview she demonstrated to the inspectors that she was aware of her responsibilities in her dual role as provider and person in charge of in accordance with the regulations. She facilitated the inspection process by having relevant documentation and information readily available. Throughout the inspection, she was seen to be competent and committed to person-centred care was a good role model for all staff to emulate. She was knowledgeable about individual residents' likes, dislikes and preferences. She has set up effective communication systems, consults widely with staff, residents and relatives and carries out on-going audits and reviews of practice.

### **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**

The inspectors found that at the time of this inspection, the levels and skill mix of staff were sufficient to meet the needs of residents. Inspectors checked the staff rota and found that it was well maintained with staff who work in the centre rostered and identified. Annual leave and other planned/unplanned staff absences were covered from within the existing staffing complement. Relatives and residents were satisfied with staffing levels during the day and at nighttime. Residents interviewed were complimentary of the staff team and commented on their caring nature. They reported that staff were always available to provide the help and assistance they needed. Staff were described as "helpful", "caring", "approachable" and "respectful".

In the main, there was evidence that staff had access to education and training in order to assist them to carry out their duties and responsibilities of their positions in the centre. Although the majority of staff had participated in mandatory training (moving and handling, fire safety and prevention, food hygiene, infection prevention and control/personal hygiene, first aid, and protection of residents from abuse) a staff member was interviewed who had not participated in fire safety and protection of residents from abuse. The majority of care staff had completed training accredited at Further Education and Training Awards Council (FETAC) level five.

Staff morale was high. From discussions with staff, the inspectors found them to be confident, well informed and knowledgeable of their work duties and the Standards regarding residential care. They confirmed that they were supported to carry out their work by the provider/person in charge and the managerial team. They highlighted their leadership qualities confirming that they were approachable and open to suggestions. For example, when trying out new systems of working this is done initially on a pilot basis and reviewed.

Staff members who communicated with the inspectors were clear about the management structure and staff who are responsible for supervising them following their induction completion of probationary period. Staff meetings for all groups of staff took place on a regular basis and minutes of the meetings were made available for the inspectors.

There were policies and procedures for the recruitment, selection and vetting of staff and the provider/person in charge and managerial team informed the inspectors during the fit person interviews of the recruitment process.

The management team confirmed that they have a contract with a private consultancy firm, which provide advice regarding these matters.

## **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 design and layout of the environment was suitable for residents. A detailed description of the premises is outlined on page 3 of this report.

The accommodation was spacious, brightly decorated and well maintained. Residents expressed satisfaction about the building and commented on the pleasant outlook from the communal sitting room. Communal areas had a variety of pleasant furnishings and comfortable seating. Residents considered their bedroom space to be comfortable and homely. Residents and visitors expressed satisfaction with the newly created enclosed garden, which is accessible from the main sitting room.

Management provided equipment in response to the assessed needs of the residents. Such equipment included standing and lifting hoists, residents' call system, profile beds, pressure relieving mattresses and cushions, wheelchairs and walking frames. The upkeep of these items was in accordance with the manufacture's instructions.

The following issues were identified:

- the external ventilation in the sluice room on the ground floor is from a window located close to the ceiling and is difficult to operate as a sink and workbench is positioned below it. There was no additional mechanical ventilation
- there was no resident' s alarm pull cord by the bed in room number 36 (currently vacant) and
- the floor was slippery by the bed in room number six. F

## **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:**

#### **Resident's Guide**

Substantial compliance

Improvements required\*

#### **Records in relation to residents (Schedule 3)**

Substantial compliance

Improvements required\*

Private information regarding a resident was displayed on a wall in a public corridor.

The details of a resident's condition which necessitated correspondence between the centre and a hospital including the GP referral was not retained in the resident's care plan.

Updated information in relation to a resident's changing health care condition/circumstances (blister on skin) was not available in the resident's care plan.

#### **General Records (Schedule 4)**

Substantial compliance

Improvements required\*

#### **Operating Policies and Procedures (Schedule 5)**

Substantial compliance

Improvements required\*

The policy and procedure with regard to the management of medication did not provide information regarding medication errors.

The admission policy was not reflective of the statement of purpose with regard to the type of care provided by the centre.

### **Directory of Residents**

Substantial compliance

Improvements required\*

### **Staffing Records**

Substantial compliance

Improvements required\*

A review of the documents to be held in respect of persons working at the centre (schedule 2) indicated that these were maintained in accordance with the relevant legislation with the exception of verification of medical fitness for each person working at the centre and the experiences and qualifications of some staff.

### **Medical Records**

Substantial compliance

Improvements required\*

The inspectors examined the records in relation to the administration of medicines and found that a record was not made of the medicine administered regarding PEG food on the previous evening.

### **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

The provider/person in charge was aware of her responsibility to notify the Chief Inspector of Social Services of incidents, in accordance with the legislation and notifiable incidents and quarterly reports had been submitted to Authority in compliance with the legislation.

### **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

The inspectors were informed that in the absence of the provider/person in charge, Geraldine O'Reilly would attend to any matter and if the absence was prolonged, she would take over the day-to-day management of the centre. Notification of the procedures and arrangements for a period when the provider/person in charge was absent had been forwarded to the Authority in the recent past.

## Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider/person in charge, the deputy manager, nurse administrator and one of the committee members 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:***

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

05 September 2011

## Action Plan

### Provider's response to inspection report

|  |                          |
|--|--------------------------|
| <b>Centre:</b>                                 | St Joseph's Nursing Home |
| <b>Centre ID as provided by the Authority:</b> | 0169                     |
| <b>Date of inspection:</b>                     | 30 and 31 August 2011    |
| <b>Date of response:</b>                       | 12 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 4: Safeguarding and safety***

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

All staff did not participate in training or other measures aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

##### **Action required:**

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

##### **Reference:**

Health Act, 2007  
Regulation 6: General Welfare and Protection  
Standard 8: Protection

**Please state the actions you have taken or are planning to take with timescales:**

**Timescale:**

|   |                    |
|---|--------------------|
| Provider's response:<br><br>Abuse training is scheduled for January 2012. | Within four months |
|---|--------------------|

***Outcome 5: Health and safety and risk management***

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

Adequate precautions had not been taken against the risk of fire.

**Action required:**

2.1 Provide to the Chief Inspector of Social Services written confirmation from a competent person that the centre is compliant with all the requirements of the statutory fire authority.

**Action required:**

2.2 Provide suitable training for staff in fire prevention.

**Action required:**

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

**Action required:**

2.4 Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents, which includes having adequate means of escape.

**Action required:**

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

**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:

2.1 Written confirmation from a competent person that the centre is compliant with all the requirements of the statutory fire authority

Completed

|  |           |
|--|-----------|
| has been forwarded to the Authority.   |           |
| 2.2 Suitable training for staff in fire prevention will be provided.   | Ongoing   |
| 2.3 Fire drills and fire practices at suitable intervals, will be provided.  | Ongoing   |
| 2.4 Adequate arrangements will be provided for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents, which includes having adequate means of escape. | Ongoing   |
| 2.5 The procedures to be followed in the event of a fire have been displayed in a prominent place in the designated centre.  | Completed |

***Outcome 6: Medication management***

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

Appropriate and suitable practices were not in place with regard to the management of medicines.

**Action required:**

3.1 The record in respect of the GPs review residents' medicines was not specific and detailed taking account of all the medicines prescribed for each resident.

**Action required:**

3.2 The nurse administering medicines was unsure of a GP's signature/name.

**Action required:**

3.3 A prescription did not permit the crushing of medicine.

**Reference:**

- Health Act, 2007
- Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
- Standard 14: Medication Management
- Standard 15: Medication Monitoring and Review

**Please state the actions you have taken or are planning to take with timescales:**

**Timescale:**

Provider's response:

3.1 The record in respect of the GPs' reviews of residents' medicines is now specific and detailed taking account of all the medicines

Completed

|   |           |
|---|-----------|
| prescribed for each resident.   |           |
| 3.2 Nurses administering medicines are now familiar with the GP's signature/name. | Completed |
| 3.3 All medicines which require crushing are now prescribed.                      | completed |

***Outcome 10: Contract for the Provision of Services***

|  |                   |
|--|-------------------|
| <b>4. The provider is failing to comply with a regulatory requirement in the following respect:</b>  |                   |
| Each resident's contract did not include the actual fees to be charged.  |                   |
| <b>Action required:</b>  |                   |
| Ensure that each resident's contract includes the actual fees to be charged.   |                   |
| <b>Reference:</b>  |                   |
| Health Act, 2007<br>Regulation 28: Contract for the Provision of Services<br>Standard 1: Information<br>Standard 7: Contract/Statement of Terms and Conditions |                   |
| <b>Please state the actions you have taken or are planning to take with timescales:</b>  | <b>Timescale:</b> |
| Provider's response:   |                   |
| Resident's contracts have been revised.  | Completed         |

***Outcome 12: Residents' clothing and personal property and possessions***

|  |  |
|--|--|
| <b>5. The person in charge is failing to comply with a regulatory requirement in the following respect:</b>              |  |
| Appropriate arrangements were not in place for the segregation of residents' dirty and clean laundry.                    |  |
| <b>Action required:</b>  |  |
| Put in place appropriate segregation of residents' dirty and clean laundry.  |  |
| <b>Reference:</b>  |  |
| Health Act, 2007<br>Regulation 13: Clothing<br>Standard 4: Privacy and Dignity<br>Standard 17: Autonomy and Independence |  |

|   |                   |
|---|-------------------|
| <b>Please state the actions you have taken or are planning to take with timescales:</b>               | <b>Timescale:</b> |
| Provider's response:<br><br>A new layout for segregation of clean and dirty laundry is being planned. | Two months        |

***Outcome 14: Suitable staffing***

|   |                   |
|---|-------------------|
| <b>6. The person in charge is failing to comply with a regulatory requirement in the following respect:</b>   |                   |
| All staff had not participated in training on fire safety.  |                   |
| <b>Action required:</b>   |                   |
| Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice. |                   |
| <b>Reference:</b>   |                   |
| Health Act, 2007<br>Regulation 17: Training and Staff Development<br>Standard 24: Training and Supervision  |                   |
| <b>Please state the actions you have taken or are planning to take with timescales:</b>   | <b>Timescale:</b> |
| Provider's response:<br><br>A schedule has been drawn up to practice fire drills and evacuation procedures.   | Ongoing           |

***Outcome 15: Safe and suitable premises***

|   |  |
|---|--|
| <b>7. The provider is failing to comply with a regulatory requirement in the following respect:</b>                         |  |
| The premises were not suitable for the purpose of achieving the aims and objectives as set out in the statement of purpose. |  |
| <b>Action required:</b>   |  |
| 7.1 Ensure that the ventilation in the sluice room on the ground floor is appropriate                                       |  |
| <b>Action required:</b>   |  |
| 7.2 Ensure that there is a resident's alarm pull cord by the bedside in room number 36 (currently vacant)                   |  |

|  |                              |
|--|------------------------------|
| <b>Reference:</b><br>Health Act, 2007<br>Regulation 19: Premises<br>Standard 25: Physical Environment<br>Standard 28: Purpose and Function   |                              |
| <b>Please state the actions you have taken or are planning to take with timescales:</b>  | <b>Timescale:</b>            |
| Provider's response:<br><br>7.1 Suitable ventilation methods are being sourced for the sluice room on the ground floor.<br><br>7.2 Ensure that there is a resident's alarm pull cord by the bedside in room number 36 (currently vacant) | Three months<br><br>Actioned |

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

|  |
|--|
| <p><b>8. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Records listed under scheduled 3 (records in relation to residents) and scheduled 4 (general records) were not maintained in a manner so as to ensure completeness, accuracy and ease of retrieval</p> |
| <p><b>Action required:</b></p> <p>8.1 Ensure that resident's private information is not displayed on a wall in a public corridor.</p>  |
| <p><b>Action required:</b></p> <p>8.2 Ensure that the details of a resident's condition which necessitated correspondence between the centre and a hospital including the GP referral is retained in the resident's care plan.</p>   |
| <p><b>Action required:</b></p> <p>8.3 Ensure that the policy and procedure with regard to the management of medication provides information regarding medication errors.</p>   |
| <p><b>Action required:</b></p> <p>8.4 Ensure that the admission policy and statement of purpose detail the type of care provided by the centre.</p>  |
| <p><b>Action required:</b></p> <p>8.5 Ensure that the documents to be held in respect of persons working at the centre are maintained in accordance with schedule 2 to include verification of medical fitness for each</p>  |

|  |   |
|--|---|
| person working at the centre and the experiences and qualifications of staff.  |   |
| <b>Action required:</b>  |   |
| 8.6 Ensure that a record is made of the medicines that are administered at the time of administration.   |   |
| <b>Reference:</b>  |   |
| Health Act, 2007<br>Regulation 22: Maintenance of Records<br>Regulations 27 Operating Policies and Procedure<br>Standard 32: Register and Residents' Records   |   |
| <b>Please state the actions you have taken or are planning to take with timescales:</b>  | <b>Timescale:</b>   |
| Provider's response:<br><br>8.1, Resident's personal information is not displayed in public areas.<br><br>8.2 Details of residents' condition which necessitates correspondence between the centre and hospital including the GP referral is retained in the residents' care plan<br><br>8.3 The policy and procedure with regard to the management of medication provides information regarding medication errors.<br><br>8.4 The admission policy and statement of purpose detail the type of care provided by the centre.<br><br>8.5 The documents to be held in respect of persons working at the centre will be maintained in accordance with schedule 2 including verification of medical fitness for each person working at the centre and the experiences and qualifications of staff.<br><br>8.6 A record is made of the medicines that are administered at the time of administration. | Completed<br><br>Completed<br><br>Completed<br><br>Completed<br><br>Two months<br><br>Completed |

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

**Provider's response:**

I found that the inspection process was carried out in a professional and respectful manner. However; I do feel that the time given to collect and present the amount of documentation required at the time of inspection was very limited.

**Provider's name:** Sr. Kathleen McQuillan

**Date:** 12 October 2011