

**Health Information and Quality Authority
Social Services Inspectorate**

**Inspection report
Designated centres for older people**



Centre name:	St Louis Nursing Home
Centre ID:	0289
Centre address:	Clonmore
	Tralee
	Co Kerry
Telephone number:	066-7121891
Fax number:	066-7191150
Email address:	nhstlouis@eircom.net
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Yvonne Maher
Person in charge:	Ninfa Cabanlit
Date of inspection:	13 April 2012
Time inspection took place:	Start: 09:10hrs Completion: 17:45hrs
Lead inspector:	Col Conway
Support inspector:	Geraldine Ryan
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

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

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

Additional inspections take place under the following circumstances:

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

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

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

About the centre

Description of services and premises

St Louis Nursing Home is a two-storey building with accommodation for residents being provided on the ground floor only. Long term residential / continuing care and short term convalescent and respite care is provided for up to 25 residents and on the day of inspection there were eight residents with a dementia.

Accommodation consists of fifteen single rooms, three of which have en suite facilities containing a wash-hand basin, toilet and shower, and five twin-bedded rooms without en suite facilities.

Additional to en suite facilities there are two separate communal shower rooms that each include an assisted shower, toilet and wash-hand basin, one communal toilet with a wash-hand basin and one communal bathroom that includes an assisted bath, toilet and wash-hand basin.

Communal space consists of a living / sitting room and a dining room.

There are two enclosed garden areas which are accessed from within the centre. At the front of the building there are car parking spaces.

Location

St Louis Nursing Home is located in the centre of Tralee town, next to the county library.

Date centre was first established:	1992
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	3

Dependency level of current residents	Max	High	Medium	Low
Number of residents	1	6	7	8

Management structure

Yvonne Maher is the Registered Provider and the Person in Charge is Ninfa Cabanlit and she had been in the post for two and a half weeks prior to the inspection. She reports to the registered Provider and is supported in her role by two assistant nurse managers. Nursing and care staff report to the Person in Charge and cleaning, catering, administrative and maintenance staff report to the Registered Provider.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning staff	Admin staff	Other staff
Number of staff on day duty during the inspection	1*	2**	3***	1 (09:30hrs-18:00hrs)	1	1	Maintenance:1 Provider: 1 Activities (14:00hrs – 20:00hrs)
Number of staff on night duty (20:00hrs – 08:00hrs) during the inspection		1	2				

* 08:00hrs until 16:00hrs

** One nurse from 08:00hrs until 20:00hrs
One nurse from 08:00hrs until 16:00hrs

*** Two care staff from 08:00hrs until 20:00hrs
One care staff from 08:00hrs until 14:00hrs

Background

St Louis Nursing Home was first inspected by the Authority on 23 September 2010 and it was an unannounced regulatory monitoring visit. There was evidence that residents received an adequate standard of care. However, improvements were required in relation to; the review of medicines, training of staff, layout of the premises, development of key documents, incident and complaints management and provision of meals.

An announced registration inspection was undertaken on 21 June 2011 and 22 June 2011. There was evidence that improvements had been made since the previous inspection and that residents received an overall good standard of care. However, there were some required actions in regard to implementation of a quality review system, provision of staff training, medication management, the maintenance of care plans for residents, provision of meaningful activities for all residents, the premises and provision of adequate staff on night duty.

An announced follow-up inspection was undertaken by the Authority on 31 January 2012 and it focused on the 20 required actions from the previous inspection in June 2011. Inspectors found evidence that some of the outstanding actions from the previous inspection had been completed; however, an immediate action plan was issued to St Louis Nursing Home on 2 February 2012 with an eight day timeframe for the actions to be completed as precautions were not in place to control the potential risk to residents of accidental injuries from the hot water supply in wash – hand basins, heating radiators, access to hazards in an unused laundry area, access to the internal staircase and upstairs staff facilities and hazards in the sluice facilities.

All of the previous inspection reports can be found on the Authority website www.hiqa.ie.

This additional inspection report outlines the findings of a follow-up inspection, which was undertaken by the Authority on 13 April 2012 and it focused on 14 required actions from the previous inspection in January 2012.

Summary of findings from this inspection

Inspectors found evidence that some of the outstanding actions from the previous inspection had been completed:

- controls were in place to manage the potential risk to residents of accidental injuries from the hot water supply in wash – hand basins, heating radiators, access to hazards in an unused laundry area, access to the internal staircase and upstairs staff facilities and hazards in the sluice facilities
- opportunities had been provided for all residents to participate in activities appropriate to their capacities
- adequate flooring had been provided in bedroom 20.

However, inspectors found that some actions remained outstanding and there were also new areas of non-compliance, such as:

- inadequate floor covering in the visitors toilet, the dining room, in some bedrooms and the corridors outside bedroom two and the shower room numbered four
- inadequate screening at the window in the communal bathroom
- the communal shower room numbered four was in a poor state of repair
- there was poor quality furniture in some of the bedrooms
- the cleaning room was in a poor condition
- a poor state of repair of some of the internal paintwork
- there was not suitable sluicing facilities that allowed for appropriate infection control procedures
- the external grounds were not appropriately maintained.
- a system for reviewing the quality and safety of care and the quality of life of residents had not been established
- no provision of older person and dementia specific education and training for staff
- residents' nursing care plans were not reviewed at least every three months.

The Action Plan at the end of this report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care for Residential Care Settings for Older People in Ireland*.

Issues covered on inspection

Fitness of the Person in Charge

Inspectors interviewed the new person in charge, Ninfa Cabanlit and formed the view, based on the fit person interview, observations in the centre and supporting information provided to the Authority, that she met the requirements for fitness as identified in the Health Act 2007

General Maintenance

The inspectors found a number of areas throughout the centre whereby the flooring needed replacement as it was in a poor state of repair;

- visitor's toilet located near the main entrance
- dining room
- bedrooms five, six, nine and 15
- corridor outside of bedroom two
- around toilet in communal shower room numbered four as well as the corridor outside of the shower room
- bathroom numbered three.

It was also observed that furniture in some of the bedrooms such as bedside cabinets, dressing tables and chairs required upgrading as they were not in a good state of repair.

The communal shower and toilet room numbered four had dampness showing through behind the toilet and the cover around the toilet piping was damaged with a significant amount of discolouration.

The outside cleaning room had inadequate facilities as the surface of the flooring was not easily cleanable, there was no liquid soap for hand-washing or paper towels and it was untidy.

Privacy

The cane blind at the window in the bathroom numbered three did not provide adequate screening as it was partially see through.

Actions reviewed on inspection:

The findings of the follow-up inspection, in relation to 14 required improvements from the inspection in January 2012 are set out below.

1. Action required from previous inspection:

Take immediate measures to prevent residents being scalded by the hot water supply in wash – hand basins.

The provider confirmed that since the previous inspection anti-scalding protection for the water supply had been installed.

2. Action required from previous inspection:

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

The inspector found that since the previous inspection covers had been installed over the heating radiators in the hallways and evidence was provided to the inspector that confirmed installation of thermostatic control on the heating supply.

3. Actions required from previous inspection:

Take immediate measures to prevent accidents to any residents from hazards in the unused laundry area.

Take immediate measures to prevent accidents to any residents from accessing the internal staircase and upstairs staff facilities.

Since the previous inspection as a measure to stop any residents entering the area, a key pad lock had been installed on the one door leading into the old laundry storage room, internal staircase and upstairs staff facilities. The inspectors observed that the door was kept closed and locked throughout the inspection.

4. Action required from previous inspection:

Take immediate measures to prevent accidents to any residents from hazards in the sluice facilities.

Since the previous inspection a key lock had been installed on the sluice room door as a measure to stop any residents entering the area.

5. Action required from previous inspection:

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

The provider confirmed that since the previous inspection a robust quality review system had not been put in place to ensure a regular review of the overall quality of care and services provided as well as the quality of life of residents. The provider informed an inspector that she had purchased an audit package and that she planned to implement a programme of evaluation. The newly appointed person in charge provided a schedule for proposed audit activity for 2012.

6. Action required from previous inspection:

Ensure all residents' nursing care plans are kept under formal review no less frequent than at three-monthly intervals.

The inspector found in the sample of residents' notes that were reviewed that written nursing clinical assessments and overall assessments of residents' personal care needs were not always up-to-date. While there were written nursing care plans in place, there was evidence that not all of them were consistently reviewed at least every three months or more frequently if required and not all of them were reflective of the actual care that was required or being provided.

7. Action required from previous inspection:

Ensure residents consistently have opportunities to participate in a variety of stimulating and meaningful activities appropriate to his or her interests or capacities.

Two staff worked part-time facilitating residents to partake in meaningful activities that they were capable of engaging in. Inspectors found evidence that residents had access to a variety of activities that were specific and appropriate for each individual resident.

8. Action required from previous inspection:

Provide access to relevant education and training for staff.

The provider confirmed that since the previous inspection staff had not been provided with opportunities to undertake older person or dementia specific education or training. Following the inspection the provider forwarded written evidence that dementia specific training had been arranged for some staff.

9. Action required from previous inspection:

Ensure flooring is in a good state of repair in bedroom 20.

Inspectors found the flooring in bedroom 20 was in a good state of repair as new flooring had been installed since the previous inspection.

10. Action required from previous inspection:

Ensure the paintwork in the premises is kept in a good state of repair internally.

While some walls, skirting boards, doors and woodwork had been painted since the previous inspection, it was observed that paintwork on the walls in some of the residents' bedrooms and in the communal toilet next to the lounge / sitting room was worn and not well maintained.

11. Action required from previous inspection:

Ensure tiles are in a good state of repair in the toilet numbered two.

Inspectors found the flooring and wall surface in the shower compartment were in a good state of repair in the combined shower and toilet room numbered two as new surfaces had been installed since the previous inspection.

12. Action required from previous inspection:

Ensure the necessary sluicing facilities are provided.

The provider had indicated to the Authority in the response to the action plan from the January 2012 inspection that by the end of 2012 the sluice facility would be upgraded. However, in the absence of adequate sluice facilities there was not evidence available to inspectors that indicated appropriate infection control procedures were in place in regard to the cleaning and storage of communal urinal bottles and communal commode pans.

13. Action required from previous inspection:

Ensure the external grounds are suitable and appropriately maintained.

Since the previous inspection the concrete paths had been power washed in one of the external garden areas; however potential hazards remained in both the external garden areas as some of the concrete pathways were uneven and the provider confirmed that the required maintenance for the wooden decking area had not been undertaken.

Report compiled by:

Col Conway

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

27 April 2012

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
23 September 2010	<input checked="" type="checkbox"/> Regulatory Monitoring Visit Report <input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
21 June 2011 and 22 June 2011	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
31 January 2012	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	St Louis Nursing Home
Centre ID:	0289
Date of inspection:	13 April 2012
Date of response:	15 May 2012

Requirements

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

1. The providers have failed to comply with a regulatory requirement in the following respect:

Appropriate precautions were not in place to control the potential risk to residents of cross infection from;

- communal urinals and communal commode pans
- the poor condition of the flooring and general toilet area in the communal shower room numbered four as well as the flooring in the communal bathroom.
- the condition of the cleaning room.

Action required:

Put the appropriate controls in place to control the risks of cross infection in the sluice room when cleaning and storing urinals and commode pans.

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

Action required:	
Ensure the flooring and general toilet area is maintained in a good state of repair in the communal shower room numbered four as well as the flooring in the communal bathroom.	
Action required:	
Ensure the cleaning room is maintained in a good state of repair.	
Reference:	
Health Act 2007 Regulation 31: Risk Management Procedures Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Bathrooms one, two and three and the visitor's toilet have been totally refurbished. Toilet four to be completed by 25 May 2012.	25 May 2012
Cleaning room is to be totally refurbished.	29 June 2012

2. The provider is failing to comply with a regulatory requirement in the following respect:
The centre lacked: <ul style="list-style-type: none"> ▪ adequate floor cover in the visitors toilet, the dining room, in some bedrooms and the corridors outside bedroom two and the shower room numbered four ▪ adequate screening at the window in the communal bathroom ▪ good quality furniture in a good state of repair in all of the bedrooms ▪ a good state of repair of the internal paintwork ▪ the necessary sluicing facilities ▪ suitable external grounds that were appropriately maintained.
Action required:
Ensure there is good quality furniture in a good state of repair in all of the bedrooms.
Action required:
Ensure there is adequate screening at the window in the communal bathroom.

Action required:	
Ensure there is adequate floor covering in the visitor's toilet, the dining room, in some bedrooms and the corridors outside bedroom two and the shower room numbered four.	
Action required:	
Ensure the internal paintwork in the premises is kept in a good state of repair.	
Action required:	
Ensure the necessary sluicing facilities are provided.	
Action required:	
Ensure the external grounds are suitable and appropriately maintained.	
Reference:	
<p>Health Act 2007 Regulation 19: Premises Regulation 32: Fire Precautions and Records Standard 25: Physical Environment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>New furniture will be purchased to replace old furniture on a rolling basis and will be completed within approximately six months.</p> <p>A frosted window and new blind has been installed in the communal bathroom.</p> <p>Sluice room facility set up and in place and total refurbishments completed and in operation. Health and safety training in safe handling of chemicals and units completed. New hand washing sink in place and infection control measures in place.</p> <p>Some rooms have been painted and this will be an ongoing project and completed as internal work is finished in each room.</p> <p>All corridor flooring is replaced.</p> <p>The residents are aware there is no access to decking area until work is completed by September 2012. The inner courtyard has been risk assessed and all residents are to be accompanied by staff until the work is completed.</p>	<p>Commencing end of June 2012</p> <p>11 May 2012</p> <p>23 April 2012</p> <p>July 2012</p> <p>22 May 2012</p> <p>31 September 2012</p>

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

There was no system in place for reviewing the quality of care provided to, and the quality of life of residents that provided for consultation with residents and their representatives and there was not a copy of the report in respect of any review conducted for the purposes of article 35(1) made available to residents.

Action required:

Maintain a system for consistently reviewing the quality and safety of care and the quality of life of residents that provides for consultation with residents and their representatives.

Action required:

Make a report in respect of any review conducted for the purposes of article 35(1) and make a copy of the report available to residents.

Reference:

Health Act 2007
Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

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

Timescale:

Provider's response:

A system for consistently reviewing the quality and safety of care and quality of life of our residents providing for consultation with residents and their representatives is in place and maintained.

15 May 2012

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

Not all residents' nursing care plans were kept under formal review at least three-monthly and they did not always detail the current care that was required.

Action required:

Ensure each resident's needs are set out in an individual written care plan developed and agreed with each resident and made available to the resident.

Action required:	
Keep the resident's care plan under formal review as required by the resident's changing needs or circumstances and no less frequently than at three-monthly intervals.	
Reference:	
Health Act 2007 Regulation 8: Assessment and Care Plan Regulation 25: Medical Records Standard 10: Assessment Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A new plan of care for residents is in place and ensures formal reviews are conducted three monthly or as required. The new person in charge has met and introduced the new care plan and medical documentation in reviewing the residents and has built a relationship by liaising with residents and corresponding with their general practitioners.	15 May 2012

5. The provider is failing to comply with a regulatory requirement in the following respect:	
There was no education and training programme for staff in areas specific to the older person and dementia.	
Action required:	
Provide access to relevant education and training for staff.	
Reference:	
Health Act 2007 Regulation 6: General Welfare and Protection Regulation 16: Staffing Regulation 17: Training and Staff Development Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Access to training for staff is to be facilitated in house on 5 June 2012 and 6 June 2012 for the foundation in dementia care.	6 May 2012

Recommendations

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

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

Any comments the provider may wish to make:

Provider's response:

While I respect and take this report seriously, my hands were tied with on-going work for example; completing the heating system and completing the fire system including new fire doors. It has been hard to maintain during these installations. I will be implementing a yearly maintenance plan to be rolled out from January 2013.

Provider's name: Yvonne Maher

Date: 15 May 2012