

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

**Compliance Monitoring Inspection Report
Designated Centres under Health Act 2007**



Centre name:	St Joseph's Nursing Home
Centre ID:	0285
Centre address:	Derrymore East
	Tralee
	Co Kerry
Telephone number:	066-713 0134
Email address:	derryquaynh@eircom.net
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Derryquay Retirement Nursing Home Ltd
Person authorised to act on behalf of the provider:	Jacinta Keane
Person in charge:	Mary Humble
Date of inspection:	30 August 2012 and 31 August 2012
Time inspection took place:	Day 1-Start: 08:00hrs Completion: 18:00hrs Day 2-Start: 08:00hrs Completion: 13:00hrs
Lead inspector:	Vincent Kearns
Purpose of this inspection visit:	<input type="checkbox"/> to inform a registration/renewal decision <input checked="" type="checkbox"/> to monitor ongoing regulatory compliance <input type="checkbox"/> following an application to vary conditions <input type="checkbox"/> following a notification <input type="checkbox"/> following information received
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

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.

Regulation has two aspects:

- Registration: 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
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents.

The findings of all monitoring inspections are set out under **a maximum of 18 outcome statements**. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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 inspection report sets out the findings of a monitoring inspection, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with regulations and standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input checked="" type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input checked="" type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over two days. As part of the monitoring inspection, inspectors met with residents, relatives and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, and staff files.

A number of improvements were required to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People)

Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

The following is a summary of these required improvements:

- the statement of purpose required updating
- the policies on elder abuse and in relation to residents who smoked cigarettes were not adequate
- one staff member did not provide adequate responses in relation to the management of an allegation of elder abuse
- the storage of latex gloves and plastic aprons, the use of a stair gate and residents' use of an outside area required to be risk assessed
- there were a number of infection control issues
- unsuitable safety audits
- one fire door was wedged open
- the water temperature in the centre was above 43°C
- residents' medication kardex (records) were not adequate
- there was a need for increased resident involvement in care planning
- there were health and safety issues including an unsecured exit door, unsafe access to the kitchen and unrestricted openings in the bedroom windows
- sluicing facilities were not adequate
- the stair gate was not adequately secured and required risk assessing
- the complaint register was not adequate.

Section 41(1)(c) 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*.

Theme: Governance, Leadership and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

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

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

A written statement of purpose was available and met most of the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). However, the inspector noted that the statement of purpose did not adequately detail the arrangements made for consultation with residents about the operation of the designated centre.

Outcome 3

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

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was a full-time Person In Charge (PIC) who was the Director of Nursing and she was a registered nurse with the required experience in the area of nursing older people. She reported to the provider who was located on site. In the absence of the PIC, the staff nurse on duty undertook her responsibilities. The PIC informed the inspector that she had six hours protected managerial time each week.

Throughout the two days of inspection the PIC demonstrated an adequate knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. The PIC also demonstrated a willingness to work towards meeting regulatory requirements. This was evidenced by a number of quality initiatives that she had instigated, in particular the ongoing auditing of care.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

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

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The provider informed the inspector that she monitored safe-guarding practices in the centre by regularly speaking with residents and relatives, reviewing the systems in place to ensure safe and respectful care. During the inspection the inspector observed the provider speaking with residents and visitors in a sensitive and considered way.

The PIC informed the inspector that she endeavoured to try to effectively deal with issues to the satisfaction of the residents at a local level, if at all possible. She also met with the provider every week and consulted with her on any ongoing matters. The PIC monitored all areas of care provision to residents and the inspector noted that the PIC reviewed all residents' care plans at a minimum every three months. The PIC informed the inspector that she was endeavouring to have more staff nurses involved in the formal care planning reviews and that this work was ongoing with staff.

Residents spoken with confirmed to the inspector that they felt safe in the centre and spoke positively about their care and the consideration they received. Residents described the staff and the PIC as being readily available to them should they have any concerns.

The inspector viewed centre-specific policies and procedures for the prevention, detection and response to abuse. However, the policy on elder abuse was not adequate as it did not provide sufficient detail in relation to the effective management of staff in the event of an allegation of elder abuse.

From the staff training schedule, the inspector noted that staff had received appropriate training. Most staff interviewed by the inspector were able to confirm their understanding of the features of elder abuse, their reporting obligations and how they might deal with a suspected incident of abuse. However, one staff member did not provide adequate responses when interviewed by the inspector in relation to the management of an allegation of elder abuse.

Outcome 7

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

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The environment was kept clean and well maintained, with flooring and lighting in good condition and there was a working call-bell system. There were adequate supplies of latex gloves and disposable plastic aprons and the inspector observed staff using alcohol hand gels which were available throughout the centre. However, the storage of such personal protective equipment had not been risk assessed in the context of presenting a potential hazard to any resident with a cognitive impairment.

The environment was of an adequate standard, generally clean and well maintained with flooring and lighting in adequate condition. There were some measures in place to control and prevent infection, including some arrangements in place for the segregation and disposal of waste, including clinical waste. Most staff spoken with had received infection control training. However, the inspector noted the following infection control issues:

- not all staff responsible for cleaning gave satisfactory responses to the inspector in relation to providing effective infection control measures
- the cleaning mops in the sluice room were not suitably stored to prevent cross-contamination

- staff personal items including items of clothing and a handbag were stored in the cleaning room
- the sluice room was not adequate as there were no suitable ventilation or adequate storage racks available
- there were inadequate cleaning procedures in relation to the use of the cleaning trolley, mops and cleaning cloths and such procedures did not reflect best evidence-based practice
- the floor of the laundry room was not adequately clean.

There was a safety statement available and the inspector viewed a risk register which identified slips, trips, falls and manual handling risks in the centre with appropriate and detailed measures/action plans aimed to reduce such hazards. However, the inspector noted that there was no reference to any controls to reduce risks to residents who smoked cigarettes in the centre.

Records viewed by the inspector indicated that safety audits were conducted every six months with the most recent audit conducted in July 2012. However these safety audits were not adequate for the following reasons:

- they were generic in design and not centre-specific
- there was inadequate identification of risks including residents who smoked cigarettes
- there was no measurement/rating of identified hazards
- there was no control measures identified to minimise hazards
- following completion of each audit no risk report was generated
- no follow-up actions were recorded.

Records viewed demonstrated that staff had received manual handling training and this was further evidenced by satisfactory practice observed by the inspector.

Fire safety and evacuation training was provided regularly. The inspector reviewed records of fire training, maintenance and safety practices which confirmed that fire equipment and fire prevention checks were up to date, and that staff had regularly attended fire safety training. Staff spoken with confirmed that they had received appropriate fire safety training and were able to outline to the inspector their knowledge of fire procedures and participation in fire drills. Fire fighting equipment maintenance records were found to be up to date, and safety practices and weekly checks were recorded. However, the inspector noted that the designated fire door into the nurse's office was wedged open.

The provider informed the inspector that only one resident smoked in the centre and that the centre had a no smoking policy; therefore, smoking was permitted only outside the premises. The inspector noted that there was a risk assessment in relation to residents who smoked cigarettes which included ongoing re-evaluation. There was a centre-specific documented smoking policy that had been updated in May 2012 and a designated smoking area located to the rear of the premises.

The inspector viewed the risk assessment that was carried out for the resident who smoked. The findings of this risk assessment and the actions taken to manage the identified risks were recorded. The PIC informed the inspector that staff were aware of any hazards identified and the current control measures that were in place. However, the smoking policy was not adequate as it did not provide sufficient detail in relation to the supervision and level of observation that may be required of a resident while smoking.

The PIC informed the inspector that the storage of matches and cigarette lighters was in an unsecured drawer in the nurses' office. The inspector noted that the door into the nurses' office contained a lock. However, the inspector also noted on a number of occasions during the inspection that the door into the nurses' offices was unsecured and therefore potentially compromised the safe storage of cigarette lighters/matches in the centre.

The inspector tested the water temperature in a wash-basin at two separate locations and found the water temperature to be above 43° C. In order to prevent risk from scalding, preset valves of a type unaffected by changes in water pressure and which have fail safe devices needed to be fitted locally to provide water to a maximum temperature of 43°C.

Outcome 8

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

References:

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

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was a centre-specific medication policy with procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. Review of records and observation of practices indicated that these procedures were implemented. Nursing staff with whom the inspector spoke demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements.

All residents had photographic identification in place. There was a medication fridge which was located in the nurses' office and which kept medication at the appropriate temperature. Suitable written records were available in relation to the regular monitoring of the medication fridge temperature.

Controlled drugs were stored safely in a locked box within a locked cupboard and stock levels were recorded at the end of each shift and recorded in a register in keeping with best practice. However, the inspector noted from a sample of medication kardex (records) viewed that the maximum dose to be given in relation to occasional medications (PRN) was not stated. In addition, the inspector noted that an instruction to crush two residents' medications had been written. However, this order had not been signed by the residents' general practitioner (GP) and there was no instruction evident in the residents' medical notes in relation to this medication administration instruction. In addition, an error on one of the medication kardex had been crossed out excessively so that the original entry could not be read. This error had not been initialled, signed or dated.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 10

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

Outstanding action(s) required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

Since the last inspection the PIC informed the inspector that they had established and maintained a system for reviewing the quality and safety of care and the quality of life of residents in the centre.

The PIC and provider outlined a detailed quality assurance process that was also evidenced by comments from residents, documentation reviewed and from the practice observed. Residents' care plans were centre-specific and generally comprehensive.

The PIC provided a copy of the quality assurance policy which was centre-specific. The PIC in consultation with her staff had implemented a quality review activity that included the following audits:

- health and safety audit in January 2012
- accident and incident audit in January 2012
- medication audit in January 2012
- accident and incident in January 2012
- infection control audit in February 2012
- documentation audit in March 2012
- hand hygiene audit in March 2012
- audit of the incidence of pressure ulcers
- food and nutrition audit in May 2012
- daily activities audit in July 2012
- privacy and dignity audit in August 2012.

In addition, the inspector noted that there was a survey of residents' satisfaction level conducted in November 2011 and a copy was made available for residents. This survey was overall positive in its findings, with residents generally happy with the care they received in the centre. The inspector noted that the report from this survey suggested that "regular and improved dialogue with residents" and "a good healthy flow of information going from resident through staff to management and back" was important. However, the inspector was informed that the provider had unsuccessfully tried to establish a residents' committee to hold regular meetings between residents and management in the centre.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.

Outstanding action(s) required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

Care plans were reviewed by the PIC at three-monthly intervals and the inspector reviewed a selection of care plans which were centre-specific and generally comprehensive. There was evidence of a range of assessment tools being used and ongoing monitoring of falls, weights and, where appropriate, fluid intake. In addition there were risk assessments in relation to the use of restraint and nutritional needs, dehydration, and choking risk assessments had also been conducted. The inspector noted from the sample of care plans reviewed that for each resident requiring it, there was an up-to-date nursing wound management care plan in place and it was revised as required by the resident's changing needs or circumstances. However, there was little evidence of ongoing residents' involvement in their care planning process within the centre.

From the sample of care plans reviewed and from speaking with residents and the PIC, the inspector noted that residents had access to regular GP services and allied healthcare services including physiotherapy, occupational therapy, optician, chiropodist and a consultant surgeon.

There was an adequate restraint policy which aimed for a restraint-free environment and included a direction to consider all other options prior to its use. While bedrails were in use, their use followed an appropriate assessment, and the inspector noted that signed consent from residents was secured where possible and the use of bedrails discussed with residents' representatives as appropriate. The inspector noted that the use of bedrails was also monitored appropriately.

The centre had an open visiting policy and over the course of the two days of inspection the inspector noted that visitors called casually at a time convenient to them. During the second day of inspection the inspector observed the provider being readily available to speak with residents' representatives and dealing with a number of sensitive queries in a considered and sympathetic way.

Outcome 12

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

Outstanding action(s) required from previous inspection:

Provide adequate sluice facilities.

Provide suitable chairs for all residents.

Inspection findings

The standard of décor was generally adequate and efforts had been taken to create an atmosphere of homely comfort and relaxation through the use of fittings and furnishings and there were a number of assisted chairs available. There were separate communal and dining areas, which allowed for a separation of functions. However, the inspector noted that the exit door from the dining room was unsecured and potentially posed a risk to residents with a cognitive impairment.

The kitchen was located adjacent to the dining area; however, there were two access doors into the kitchen and the inspector noted that both doors provided unrestricted access to the kitchen, potentially posing a risk to residents with a cognitive impairment.

The sitting rooms had large windows and were bright and had pleasant views of Dingle Bay; bedrooms were adequate and a number had been personalised and furnished by residents. However, the inspector noted that the bedroom window openings were unrestricted and potentially posed a risk to residents with a cognitive impairment.

There was an enclosed wooden decking area provided for residents' use to the rear of the premises that contained one wooden bench and some pleasant planting in a number of raised beds. There was a wooden railing fence surrounding this enclosed area that measured 44 inches high and this fence contained two wooden gates. However, the open access to this area had not been risk assessed, the one bench provided as seating was not adequate and the inspector noted that both access gates to this area were not suitably secured.

The inspector noted that a metal stair gate was erected at the bottom of the stairs leading to the first floor of the centre which was mainly used for administration and storage purposes. The PIC informed the inspector that this gate had been put in place as a hazard reduction measure to prevent any resident with cognitive impairment from accessing the upstairs section of the centre. However, the inspector noted that the stair gate was not secured and its suitability had not been risk assessed.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13

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

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The provider and PIC monitored safe-guarding practices in the centre by regularly speaking to residents and relatives, and reviewing systems in place to ensure safe and respectful care. The provider informed the inspector that she monitored the management of complaints, focusing on ensuring satisfactory outcomes for complainants.

There was an up-to-date, centre-specific complaints policy which was overtly displayed at the entrance to the centre. Residents, their visitors and staff reported to the inspector that they had easy access to the Provider and the PIC who was identified as the named complaints officer to whom they could openly report any concerns. The contact details of the independent person in relation to making a complaint was also clearly displayed on the complaint policy displayed at the entrance. There was a complaint register which recorded details of complaints made in the centre. However, the complaint register was not adequate as it did not suitably record the outcome of the complaint and whether or not the complainant was satisfied.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

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

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was a centre-specific policy on recruitment and selection of staff which was last updated in February 2011. The provider described the recruitment process and emphasised that she always verified employment and character references of new employees. Staff were able to articulate clearly the management structure and reporting relationships to the inspector and confirmed that copies of both the regulations and Standards had been made available to them. The inspector noted that copies of the regulations and the Standards were available in the nurses' office and staff spoken with expressed an adequate knowledge of the regulations and Standards.

The provider worked in the centre and also demonstrated a willingness and commitment to the delivery of person-centred care and to work towards meeting regulatory requirements. This was further evidenced by a number of aforementioned quality initiatives that provider and PIC had instigated, including the ongoing auditing of care outcomes and the facilitation of staff training which included the following:

- manual handling training
- health and safety training
- LEO leadership training (Leading Empowered Organisations programme)
- elder abuse training
- first aid training
- training in infection control practice
- Sonas training (which involves therapeutic activities with older people who have dementia or any condition that brings about communication impairment)
- food hygiene training.

There was evidence that regular staff meetings were held and chaired by the PIC and attended by the provider, and minutes were kept of the issues that were discussed. A sample of the minutes showed that the topics discussed included the introduction of new practices, auditing of care and outcomes, provision of activities, training opportunities, standards and legislation requirements and staff spoken with confirmed that such meetings were held on regular basis.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider and the PIC so as to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

REPORT COMPILED BY

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

18 September 2012

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

Action Plan



Provider's response to inspection report

Centre:	St Joseph's Nursing Home
Centre ID:	0285
Date of inspection:	30 August 2012
Date of response:	16 October 2012

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*.

Theme: Governance, Leadership and Management

Outcome 1: Statement of purpose and quality management

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

To compile a 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).

Action required:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Reference: Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Statement of purpose has been updated to include reference to residents' meetings. At present residents' meetings are not held despite numerous attempts to generate interest. However, the provider meets with all residents at least five days a week on a personal basis and input is sought regarding the operation of the centre.	Completed

Theme: Safe care and support

Outcome 6: Safeguarding and safety

The provider is failing to comply with a regulatory requirement in the following respect: To 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.
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.
Action required: Put in place a policy on and procedures for the prevention, detection and response to abuse.
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection Standard 9: The Resident's Finances

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Policy has been updated to incorporate management of staff in the event of an allegation of elder abuse.</p> <p>The safety of our residents is of paramount importance and to this end staff training will continue in order to ensure all staff are aware of the management of an allegation of elder abuse.</p>	<p>Completed</p> <p>Ongoing</p>

Outcome 7: Health and safety and risk management

<p>The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>To ensure that suitable cleaning equipment was provided for use by persons who work in the centre and was suitably stored to prevent cross-infection.</p> <p>To provide necessary sluicing facilities.</p>	
<p>Action required:</p> <p>Ensure that suitable cleaning equipment, which is provided for use by persons who work in the centre, is suitably stored to prevent cross-infection.</p>	
<p>Action required:</p> <p>Provide necessary sluicing facilities.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Regulation 31: Risk Management Procedures Standard 25: Physical Environment Standard 26: Health and Safety</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Additional suitable sluicing facilities will be installed.</p>	<p>Mid-December 2012</p>

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

To ensure that all staff members are made aware of the provisions of the Act and all regulations and rules made thereunder commensurate with their role and any policies and procedures including the infection control policy and cleaning procedures.

Action required:

Make suitable arrangements to ensure that all staff members are made aware of the provisions of the Act and all regulations and rules made thereunder commensurate with their role and any policies and procedures including the infection control policy and cleaning procedures.

Reference:

Health Act, 2007
Regulation 17: Training and Staff Development
Standard 29: Management Systems
Standard 24: Training and Supervision

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

Timescale:

Provider's response:

Staff have been requested to re-read the Health Act and the infection control policy and to sign for same on completion.

31 October 2012

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

To provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice, including the prevention of cross-infection.

To supervise all staff members on an appropriate basis pertinent to their role, including the prevention of cross-infection.

Action required:

Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice, including the prevention of cross-infection.

Action required:	
Supervise all staff members on an appropriate basis pertinent to their role, including the prevention of cross-infection.	
Reference:	
Health Act, 2007 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: Training will again be given to all staff in infection control to ensure they are all aware of their responsibilities regarding their role across all aspects of infection control. Staff members will be monitored on a continuous basis by the person in charge.	Mid November 2012

The provider has failed to comply with a regulatory requirement in the following respect:
To make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents by ensuring that all fire exit doors are not obstructed.
Action required:
Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents by ensuring that all fire exit doors are not obstructed.
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:
<p>Provider's response:</p> <p>Evacuation arrangements are in place as part of the nursing home's emergency plan. All staff are aware to be vigilant at all times regarding obstruction of fire doors.</p>	<p>Completed</p>

<p>The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>To take adequate precautions against the risk of fire, including the identification and assessment of risks throughout the designated centre, the provision, as appropriate, of suitable policy in relation to residents who smoke to include the level of observation of residents who smoke, the safe storage of residents' matches/cigarette lighters, and provide the accompanying suitable documentation in risk assessments and residents' care plans.</p>
<p>Action required:</p> <p>Take adequate precautions against the risk of fire, including the identification and assessment of risks throughout the designated centre, the provision, as appropriate, of suitable policy in relation to residents who smoke to include the level of observation of residents who smoke, the safe storage of residents' matches/cigarette lighters, and provide the accompanying suitable documentation in risk assessments and residents' care plans.</p>
<p>Reference:</p> <ul style="list-style-type: none"> Health Act, 2007 Regulation 8: Assessment and Care Plan Regulation 19: Premises Regulation 31: Risk Management Procedures Regulation 32: Fire Precautions and Records Standard 11: The Resident's Care Plan Standard 10: Assessment Standard 25: Physical Environment Standard 26: Health and Safety Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Fire risk assessments are currently being reviewed. Smoking policy has been reviewed and updated.	31 October 2012. Completed

<p>The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>To ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; self-harm.</p> <p>To ensure that the risk management policy covers arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.</p>	
<p>Action required:</p> <p>Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; self-harm.</p>	
<p>Action required:</p> <p>Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Risk management policy is currently being updated.	November 2012

In September a 'visual sighting of residents' form was introduced to narrow down a resident's time-frame in the event of an unexplained absence.	
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<p>The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>To provide sufficient numbers of wash-hand basins fitted with a hot and cold water supply, which incorporate thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.</p>	
<p>Action required:</p> <p>Provide sufficient numbers of wash-basins fitted with a hot and cold water supply, which incorporate thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises 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>Plumbers have decreased water temperature from 46/45°C to 43°C at all wash-basins.</p>	<p>Completed</p>

Outcome 8: Medication management

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To put in place appropriate and suitable practices and written operational policies relating to the prescribing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.</p>	
<p>Action required:</p> <p>Put in place appropriate and suitable practices and written operational policies relating to the prescribing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.</p>	

Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Medication management policy and procedures is currently being reviewed and updated and staff will be advised of same on completion. GPs have been contacted to state maximum doses regarding PRN medication and to sign instructions to crush medication where applicable. Person in charge has spoken to nursing staff in relation to their legal requirements regarding nurse documentation and in particular the medication Kardex.	Mid November 2012

Theme: Effective care and support

Outcome 11: Health and social care needs

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To ensure each resident's needs are set out in an individual care plan developed and agreed with each resident.</p> <p>To revise the resident's care plan, after consultation with them, unless it is impracticable to carry out such consultation, and notify the resident of any review.</p>
<p>Action required:</p> <p>Ensure each resident's needs are set out in an individual care plan developed and agreed with each resident.</p>
<p>Action required:</p> <p>Revise the resident's care plan, after consultation with them, unless it is impracticable to carry out such consultation, and notify the resident of any review.</p>

Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan 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: Residents, where possible, and their families will continue to be consulted regarding the review of their care plans to ensure it meets their individual needs. They will be notified of any change to their care plan as it arises. Current care plans will be revised to reflect this.	End November 2012

Outcome 12: Safe and suitable premises

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To take all reasonable measures to prevent accidents to any person in the designated centre by ensuring the safe storage of personal protective equipment including latex gloves and plastic aprons.</p> <p>To take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre by:</p> <ul style="list-style-type: none"> ▪ risk assessing the stairs gate and the enclosed wooden decking area provided for residents ▪ by suitably restricting the openings of bedroom windows in the centre ▪ by ensuring all exit doors are suitable secured having regard for the needs residents ▪ by ensuring that access to the kitchen is suitably restricted.
<p>Action required:</p> <p>Take all reasonable measures to prevent accidents to any person in the designated centre by ensuring the safe storage of personal protective equipment including latex gloves and plastic aprons.</p>

Action required:	
Take all reasonable measures to prevent accidents to any person in the designated centre including risk assessing the stairs gate and the enclosed wooden decking area provided for residents.	
Action required:	
Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre by suitably restricting the openings of the bedroom windows in the centre.	
Action required:	
Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre by ensuring all exit doors are suitably secured having regard for the needs residents.	
Action required:	
Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre by ensuring that access to the kitchen is suitably restricted.	
Reference:	
<ul style="list-style-type: none"> Health Act, 2007 Regulation 31: Risk Management Procedures Regulation 19: Premises Standard 26: Health and Safety Standard 25: Physical Environment 	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Re: storage of personal protective equipment: these have been relocated to ground floor level.</p> <p>Re: stair gate and decking gates: these have been risk assessed and an additional bolting system has been installed to minimise access by residents and will be monitored on an ongoing basis.</p> <p>Re: openings on windows: all windows have been fitted with a restrictive device to ensure windows do not open more than seven inches.</p>	<p>Completed</p> <p>Ongoing</p> <p>Completed</p>

Re: security of exit doors: from the dining room patio door an enclosed decking area has been installed following concerns raised on the day of inspection.	Completed
With the exception of two doors, all exit doors are alarmed. An electrician has been contacted to alarm the two doors.	End November 2012
Re: access to kitchen: signage has been erected on both doors into the kitchen to deter residents from entering the kitchen. This will be monitored on an ongoing basis.	Ongoing

Theme: Person-centred care and support

Outcome 13: Complaints procedures

The provider is failing to comply with a regulatory requirement in the following respect:	
To maintain a record of all complaints detailing the investigation and outcome of the complaint, and whether or not the resident was satisfied.	
Action required:	
Maintain a record of all complaints detailing the investigation and outcome of the complaint and 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: Complaints register has been adapted to ensure clarity of outcome of complaint and whether or not resident/family member/visitor was satisfied.	Completed

Any comments the provider may wish to make:

Provider's response:

On behalf of the staff and residents of St Joseph's Nursing Home, I would like to thank Mr Kearns most sincerely for the professional and courteous manner in which he carried out the inspection over the two-day period. His unobtrusive approach ensured residents and staff were able to go about their day as usual.

The feedback meeting was constructive and informative and whilst I acknowledge there are issues to be addressed, I would like to state that St Joseph's continues to be committed to providing person-centred care in conjunction with the Health Information and Quality Authority's National Quality Standards.

Provider's name: Jacinta Keane

Date: 16 October 2012.