

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection Report  
Designated Centres under Health Act  
2007, as amended**



<b>Centre name:</b>	St. Clair's Nursing Home
<b>Centre ID:</b>	0099
<b>Centre address:</b>	Ballinderry, Mullingar, County Westmeath.
<b>Telephone number:</b>	044-9385300
<b>Email address:</b>	mgordon@stfrancishealthvillage.com
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	VFM Healthcare (Ireland) Ltd
<b>Person authorised to act on behalf of the provider:</b>	Mark Gordon
<b>Person in charge:</b>	Paula Gavagan
<b>Date of inspection:</b>	29 May 2013, 20 June 2013 and 28 June 2013
<b>Time inspection took place:</b>	<b>Day-1 Start:</b> 11:50 hrs <b>Completion:</b> 17:30 hrs <b>Day-2 Start:</b> 09:00 hrs <b>Completion:</b> 19:15 hrs <b>Day-3 Start:</b> 09:10 hrs <b>Completion:</b> 11:00 hrs
<b>Lead inspector:</b>	Sonia McCague (day 1 and 2) Brid McGoldrick (day 3)
<b>Support inspector(s):</b>	Damien Woods (day 2) and John Farrelly (day 3)
<b>Type of inspection</b>	<b>Day-1</b> <input type="checkbox"/> <b>announced</b> <input checked="" type="checkbox"/> <b>unannounced</b> <b>Day-2</b> <input checked="" type="checkbox"/> <b>announced</b> <input type="checkbox"/> <b>unannounced</b> <b>Day-3</b> <input checked="" type="checkbox"/> <b>announced</b> <input type="checkbox"/> <b>unannounced</b>
<b>Number of residents on the date of inspection:</b>	<b>Day-1</b> 25 <b>Day-2</b> 23 <b>Day-3</b> 24
<b>Number of registered places:</b>	37

## 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 Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing 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 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*.**

This inspection report sets out the findings of a monitoring inspection, in which 14 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.

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

This monitoring inspection took place over three days. It was unannounced on the first day and announced on the second and third days. The purpose of the inspection was to monitor ongoing 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* and to check that suitable and sufficient care was provided to residents in the centre following receipt of information from the Health Executive in relation to the provision of and continued funding to residents in receipt of Nursing Home Support Scheme (NHSS).

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, resident and staff files. Matters arising and reported in the previous inspection report 29 June and 3 July 2012 and the provider's response to the action plan available on [www.hiqa.ie](http://www.hiqa.ie) were followed up and considered.

Overall, inspectors were satisfied with the care and welfare of residents' and that their needs were maintained on the days of inspection. There was adequate staff on duty, sufficient resources including food, heat and supportive equipment/items available. The centre was comfortably warm and residents had no complaints regarding service provision. Of the 14 outcomes inspected against, improvements were required in five as follows:

- Outcome 2: Contract for the Provision of Services
- Outcome 7: Health and Safety and Risk Management
- Outcome 11: Health and Social Care Needs
- Outcome 12: Safe and Suitable Premises
- Outcome 18: Suitable Staffing

The inspection findings and required actions under these five outcomes are outlined at the end of this report in an action plan.

A further meeting with the provider to ascertain future/continued service provision to NHSS residents is scheduled for 3 July 2013.

#### **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: Leadership, Governance 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 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

#### **Actions required from previous inspection:**

Make a copy of the statement of purpose available to the Chief Inspector.

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Regulations.

### **Inspection findings**

The actions required from the previous inspection were satisfactorily implemented.

The person authorised to act on behalf of the provider and the person in charge has reviewed the statement of purpose with consideration of the admission criteria and occupancy, resident dependency levels and available facilities/resources including staffing levels. A revised copy was made available to the Chief Inspector.

The person authorised to act on behalf of the provider was aware that any amendments to the statement of purpose were to be made available to the Chief Inspector.

### **Outcome 2**

*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

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

Ensure each resident's contract deals include details of the fees to be charged.

### **Inspection findings**

The action required from the previous inspection could not be examined as an agreed contract of care for residents living in the centre were not available during the inspection. This will be followed up on the next inspection.

### **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

#### **Action(s) required from previous inspection:**

No actions were required from the previous inspection.

## Inspection findings

The person in charge is suitably qualified and is an experienced nurse who demonstrated willingness to meet the regulatory requirements in line with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) or the *National Quality Standards for Residential Care Settings for Older People in Ireland*. There was evidence of ongoing improvements being made to review and improve the quality of life for residents.

The person in charge has support in her role from the provider and her deputy. Both the person in charge and deputy have completed post graduate courses in gerontology and have attended training relevant to their role and responsibilities.

### Outcome 4

*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:

Regulations 21-25: The records to be kept in a designated centre

Regulation 27: Operating Policies and Procedures

Standard 1: Information

Standard 29: Management Systems

Standard 32: Register and Residents' Records

### Inspection findings:

*\*Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

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

#### Inspection findings

Substantial compliance

Improvements required \*

### Operating Policies and Procedures (Schedule 5)

#### Action required from previous inspection:

Put in place all of the written and operational policies listed in Schedule 5 of the Regulations.

#### Inspection findings

Substantial compliance

Improvements required \*

### **Staffing Records**

Substantial compliance

Improvements required \*

Garda Síochána vetting for one staff member was not available on file. Reported in outcome 18.

### **Medical Records**

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

Maintain, in a safe and accessible place, a medical record in respect of each resident with details of investigations made, diagnoses and treatment given, and a record of all drugs and medicines prescribed, signed and dated by a medical practitioner.

#### **Inspection findings**

Substantial compliance

Improvements required \*

### **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

#### **Action(s) required from previous inspection:**

Take all reasonable measures to protect each resident from all forms of from harm or abuse.

Put a policy in place on and procedures in place for the prevention, detection and response to abuse.

Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

Maintain a record of all visitors to the centre, including the names of visitors.

Provide a high standard of evidence-based nursing practice in relation to restraint management, Falls and pain assessment.

## **Inspection findings**

The actions required from the previous inspection were satisfactorily implemented.

Protective arrangements were in place to ensure residents were safe within the centre. Access to the centre was only available using the main doors of St Francis Private Hospital. The person in charge informed inspectors that residents were not considered vulnerable or at risk of leaving the centre unaccompanied. The person authorised to act on behalf of the provider and the person in charge informed inspectors that the environment was not suitable for residents assessed with greater risks and needs such as mobile confused persons. They described to inspectors how the limitations of the environment were managed and the person in charge controlled and was selective regarding admissions to the centre by way of pre-admission assessment. She also gave an example of transferring one resident to a more appropriate facility due to an inability to meet their changing needs following admission.

A visitors' log was available at the entrance to the centre. Visitors were seen announcing their arrival and departure to staff.

An elder abuse policy was available to inform staff of type of abuse and the specific care and procedures that was most appropriate to take. Residents reported they felt safe and were familiar with the staff group. Staff turnover was low and training in relation to elder abuse was cyclical. However, staff training records confirmed Elder Abuse training had not been provided since 2010.

A review of restraint management was undertaken by the person in charge in line with national guidelines and audits were maintained to inform quality reviews and decisions. The use and review of enablers was included in the overall restraint management policy and procedures that were being implemented.

A schedule of recreational activities was planned. However, the activities coordinator was on leave on both days of the inspection.

An inspector reviewed the arrangements for the safekeeping small amounts of residents' cash/money, for example, used for hairdressing and found that it was safely secured and there were records maintained of transactions.

**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

**Action(s) required from previous inspection:**

Provide to the Chief Inspector with written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

Ensure that the risk management policy covers the precautions in place to control the following specified risks: assault and self-harm.

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre

Provide grab-rails in bath, shower and toilet areas.

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

**Inspection findings**

The actions required from the previous inspection were partly implemented.

Written confirmation from a competent person that all the requirements of the statutory fire authority have been substantially complied with was provided.

The risk management policy covers the precautions in place to control the following specified risks - assault and self-harm. However, changes in staff with health and safety roles and responsibilities require updating within the overall risk management policy and flow charts.

A plant room remains located near the entrance of the centre contains an oxygen feed system for the operating theatres in Saint Francis Private hospital located directly above on the upper levels. Following the previous inspection completed July 2012 the provider's response included "*we are currently assessing the best location for placing the medical gas unit, which does not contradict the placement of the new St Clairs Nursing Home. The initial plan was to move the medical gas unit into a location that will now be in the middle of the planned St Clairs centre's western edge.*

*We are therefore planning to place medical gases to the north of the St Clair's unit"* and a timescale by 30 September 2012 was stated. This action has not been completed as stated.

Health and Safety notices were displayed and a risk register was maintained that highlighted potential and actual risks. The person in charge had an understanding of risk management and evaluation, and was to develop further the records to demonstrate the precautions in place to control the risks identified and those found on inspection.

The procedures for fire detection and prevention were in place. An inspector reviewed service records which showed that the fire alarm system, emergency lighting and fire equipment were monitored and serviced. There were fire procedures and evacuation plans displayed. Inspectors recommended to increase the size of evacuation plans to enhance visibility and aid direction. Staff spoken with were clear about the procedure to follow in the event of a fire, however, staff training records confirmed that staff had not attended training on fire prevention and response since 2011. The training record did not specify or confirm that all staff working in the centre had fire safety training and had participated in a fire evacuation drill. The person in charge told inspectors she had trained to be a fire warden. Inspectors requested that she review staff training in fire safety and arrange training as a matter of priority which she agreed to do.

Many of the rostered care assistant group had completed a recognised and certified course related to caring for older persons. Staff training records also confirmed training in manual handling, restraint, CPR, dementia and nutrition to be provided.

**Outcome 8**

*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

**Action(s) required from previous inspection:**

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

**Inspection findings**

The action required from the previous inspection and recommendations during this inspection were satisfactorily implemented.

Policies relating to medication management and the ordering, prescribing, storing and administration of medicines to residents were available to guide staff.

The template and layout of the drug prescription and administration record had improved. Medication administration sheets included photographic identification to fulfil professionally recommended checking procedures and information such as allergies and maximum dose over a 24 hour for "as required" (PRN) medication was recorded in the sample reviewed.

Controlled drugs were stored safely and stock levels were checked and recorded at the end of each shift and recorded in a register in keeping with best practice.

The person in charge informed inspectors that all nurses had recently received updating and training in medication management. Training records submitted confirmed medication management training in 2011 and 2012.

#### **Outcome 9**

*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

#### **Action(s) required from previous inspection:**

No actions were required from the previous inspection.

### **Inspection findings**

A record of incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

#### **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

**Action(s) required from previous inspection:**

Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents.

Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

**Inspection findings**

The actions required from the previous inspection were satisfactorily implemented.

Audits and evaluations of clinical and operational practice outcomes were maintained by the person in charge, which included key findings and demonstrated action taken to inform and reveal systematic quality improvement reviews.

Audited information included restraint, medication, nutrition and weights, wounds and pressure ulcers, flu vaccination, continence devices, number of deaths and end of life care, missing person, accidents, complaints, risk management, resident dependency, staffing levels and training needs.

Audit reports were maintained by the person in charge and may be available to residents if requested.

**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

**Action(s) required from previous inspection:**

Revise each resident's care plan, after consultation with him/her.

Set out each resident's needs in an individual care plan developed and agreed with the resident.

**Inspection findings**

The actions required from the previous inspection were progressed. However, further improvement was required.

The healthcare needs of residents appeared to be met. However, some improvements were required in wound assessment, and the integration of assessments, care plans and the overall evaluation of care.

A sample of resident care records were reviewed with the person in charge and her deputy during the inspection. Areas highlighted for improvement on day one had been considered and progressed by day two demonstrating an understanding of improvements required and a willingness to comply with the requirements of the Regulations. Areas highlighted for improvement included:

- Recorded assessments of wounds were not in line with national guidelines.
- A lack of recorded discussions by all parties and decisions made in relation to resident care and treatment.
- The recommendations of the multi-disciplinary team following assessment of residents was not consistently integrated in the overall care plan/s.
- Updating the care plan following evaluation and as changes occurred or recommended was not evident.
- Recording evidence was not available to demonstrate involvement of residents and/or family members in care plans reviewed or decisions made.
- Recorded decisions to include, nurses/professionals, residents and/or family members regarding end of life decisions were not evident or recorded.

**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

**Action(s) required from previous inspection:**

Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

Provide and maintain external grounds which are suitable for, and safe for use by residents.

Provide sufficient numbers of wash-hand basins fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

## **Inspection findings**

The actions required from the previous inspection were partly implemented.

While wash-hand basins were available and water temperatures were adequate, some areas within the centre were not maintained in a good state of repair.

The centre was clean and warm on the days of inspection, residents and staff went about their day/routines in a calm and engaging manner. Residents were satisfied with the service provision that included the environment and supportive equipment and adaptations available to them. Inspectors were informed that issues/limitations and constraints including the environment are considered prior to resident admission which has been referenced in the recently updated statement of purpose.

The provider and person in charge were aware of deficiencies/limitations within the existing premises and told inspectors that discussions had taken place with the County Council regarding plans to build a new centre on site. The person authorised to act on behalf of the provider agreed to submit an explicit and costed plan to the Authority of proposed developments and timelines for planning, building and completion of a new centre. A costed proposal with timescales for the planning and completion of a new centre, referred to in the action plan of the previous inspection report, has since been submitted to the Authority on 27 June 2013.

The person authorised to act on behalf of the provider was aware of the timeframe of 2015 outlined within the Authority's Standards and a copy of the regulatory notice issued to providers regarding premises was available in the person in charge's office. The person authorised to act on behalf of the provider told inspectors that a plan to sustain and refurbish the current centre/premises would be maintained during the building of the proposed new centre.

While a plan to refurbish the existing centre was described as ongoing, a written/descriptive plan to include specific areas/rooms of priority was not available on the days of the inspection. Areas within the premises were to be prioritised to address aspects such as worn furniture and flaked paintwork.

An allocated storage room for specific assistive equipment such as hoists and devices such as portable oxygen cylinders was not evident to prevent clutter on corridors and in resident rooms.

Inspectors confirmed that the following actions reported in Provider's response following the last inspection had been completed:

- car parking management plan, tarmacing, external lighting
- new windows to external parts of the centre
- entertainment systems were available for residents
- built in furniture and floor covering was replaced in one bedroom
- relocation of storage and office space
- the internal/peace garden was open and accessible from the centre.

**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

**Action(s) required from previous inspection:**

Make available a nominated person in the designated centre to deal with all complaints.

Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.

Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

**Inspection findings**

The actions required from the previous inspection were addressed. However, inspectors were unable to determine if the procedure was satisfactorily implemented as no complaints were recorded or reported since the last inspection. Records of resident meetings were available that demonstrated good arrangements of communication and opportunity for residents and or family to raise and discuss issues/queries.

The management of complaints will be followed up on the next inspection.

<p><b>Outcome 15</b> <i>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 discreet and sensitive manner.</i></p> <p><b>References:</b> Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes</p>
<p><b>Action(s) required from previous inspection:</b></p> <p>Provide appropriate assistance to residents who, due to infirmity or other causes, require assistance with eating and drinking.</p> <p>Implement a comprehensive policy and guidelines for the monitoring and documentation of residents' nutritional intake.</p>

**Inspection findings**

The actions required from the previous inspection were satisfactorily implemented. Residents were complimentary regarding the meals and staff assistance at meal times.

A comprehensive policy with guidelines for the monitoring and documentation of residents' nutritional status was available and implemented in practice. Evidence-based assessment tools were used to inform judgements/referrals and care practices. Weights were monitored and reviewed appropriately in a monthly audit.

Food was prepared in a main kitchen within St Francis hospital and transported by ban marie to the centre each meal time. A varied menu plan was available and residents were satisfied with the choices provided. Dietary requirements were catered for and supplement food was available.

A canteen serving hot food, snacks and drinks was available within the hospital building. Residents and their visitors could use this facility as desired.

**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

**Action(s) required from previous inspection:**

Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Supervise all staff members on an appropriate basis pertinent to their role.

**Inspection findings**

The action(s) required from the previous inspection were satisfactorily implemented.

Inspectors were satisfied that the numbers and skill mix of staff on duty was adequate to meet the needs of residents at the time of inspection. All nurses rostered to work in the centre had evidence demonstrating current registration with their professional body.

Staff were visible and seen to assist and supervise residents appropriately and as needed. Staff interacted respectfully with residents and were aware of their preferences and plan for the day.

Staff training records showed ongoing training of staff relevant to the service provision. However, records received confirm that with the exception of the person in charge, all staff working in the designated centre has not received fire safety training since 2011. Inspectors requested that the person in charge address this immediately.

Training records did not include all staff working in the centre such as part-time nurses.

The planned staff rota was available. However, it did not include/identify all persons/staff working in the designated centre, actual hours of work or table for shift abbreviation used. Some staff indicated that staff worked between the nursing home and St Francis Village which was not evident on all rotas made available. On the rotas reviewed it did not show time set aside for the management function of the person in charge.

### **Closing the visit**

At the close of the inspection visit a feedback meeting was held with the provider on day one, with the provider and the person in charge on day two and the nurse in charge day three 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:***

Sonia McCague  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

28 June 2013

Action Plan

Provider's response to inspection report \*

Centre Name:	St. Clair's Nursing Home
Centre ID:	0099
Date of inspection:	29 May 2013, 20 June 2013 and 28 June 2013
Date of response:	17/07/2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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 2: Contract for the provision of services*

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

An agreed contract of care for residents living in the centre was not available during the inspection.

**Action required:**

Agree a contract with each resident within one month of admission to the designated centre.

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

**Action required:**

Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

**Reference:**

Health Act, 2007  
 Regulation: 28: Contract for the Provision of Services  
 Standard 1: Information  
 Standard 7: Contract/Statement of Terms and Conditions

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

Provider's response:

All residents in St Clairs have received a contract of care on admission, The Person in Charge will contact all residents/relatives and ensure a signed copy of same is available in the St Clairs Nursing Home. The Pic will reissue contracts of care where necessary

01/09/2013

**Theme: Safe care and support*****Outcome 7: Health and safety and risk management*****The provider is failing to comply with a regulatory requirement in the following respect:**

Changes in named staff with roles and responsibilities regarding health and safety required updating within the overall risk management policy and flow charts.

A plant room remains located near the entrance of the centre that contains an oxygen feed system for the operating theatres in Saint Francis Private hospital located directly above on the upper levels. Following the previous inspection completed July 2012 the provider's response included "*we are currently assessing the best location for placing the medical gas unit, which does not contradict the placement of the new St Clairs Nursing Home. The initial plan was to move the medical gas unit into a location that will now be in the middle of the planned St Clairs centre's western edge.*

*We are therefore planning to place medical gases to the north of the St Clair's unit*" and a timescale by 30 September 2012 was stated. This action has not been completed as stated.

The person in charge had an understanding of risk management and evaluation, and was to develop further the records to demonstrate the precautions in place to control the risks identified and those found on inspection.

Evacuation plans displayed were difficult to read/understand due to size

All staff had not attended training on fire safety- prevention and response since 2011. Inspectors requested that the person in charge arrange training immediately

**Action required:**

Put in place written operational policies and procedures relating to the health and safety.

**Action required:**

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

**Action required:**

Put in place an emergency plan for responding to emergencies.

**Action required:**

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

**Action required:**

Make adequate arrangements for reviewing fire precautions, and testing fire equipment, at suitable intervals.

**Action required:**

Provide suitable training for staff in fire prevention.

**Action required:**

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.

**Reference:**

- Health Act, 2007
- 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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The plans for relocating the Oxygen Room are ongoing and it is proposed that this action will be complete before the end of 2014</p> <p>The Pic will further develop the Risk management strategy with detailed actual/potential risks both clinical/non-clinical</p> <p>The safety of the environment will be evident in these specific risk assessments</p> <p>Fire safety training is planned and booked for all staff to attend</p> <p>All aspects of Fire safety and evacuation plans will be reviewed and in place</p> <p>St Clairs has an up to date Disaster Plan in place, that provides direction for response to both internal and external disaster situations that can have adverse effects on nursing home staff, residents and visitors etc. The Pic will review same and add any additional emergency plan information specific to St Clairs Nursing Home.</p>	<p>01/12/2014</p> <p>01/09/2013</p> <p>08/08/2013</p> <p>01/09/2013</p>

**Theme: Effective care and support**

***Outcome 11: Health and social care needs***

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

Improvements were required in wound assessment, and the integration of assessments, care plans and the overall evaluation of care.

A sample of resident care records highlighted the following for improvement:

- Recorded assessments of wounds were not in line with national guidelines.
- A lack of recorded discussions by all parties and decisions made in relation to resident care and treatment.
- The recommendations of the multi-disciplinary team following assessment of residents was not consistently integrated in the overall care plan/s.
- Updating the care plan following evaluation and as changes occurred or recommended was not evident.
- Recording evidence was not available to demonstrate involvement of residents and/or family members in care plans reviewed or decisions made.
- Recorded decisions to include, nurses/professionals, residents and/or family members regarding end of life decisions were not evident or recorded.

**Action required:**

Provide a high standard of evidence-based nursing practice.

**Action required:**

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Make each resident's care plan available to each resident.

Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances, and no less frequent than at three-monthly intervals.

Revise each resident's care plan, after consultation with him/her.

Notify each resident of any review of his/her care plan.

**Action required:**

Respect and document each resident's right to refuse treatment and bring the matter to the attention of the resident's medical practitioner.

**Reference:**

Health Act, 2007  
 Regulation 6: General Welfare and Protection  
 Regulation 8: Assessment and Care Plan  
 Regulation 9: Health Care  
 Standard 3: Consent  
 Standard 10: Assessment  
 Standard 11: The Resident's Care Plan  
 Standard 17: Autonomy and Independence  
 Standard 18: Routines and Expectations

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

## Person in Charge's Response:

The Pic will supervise and improve the Wound Assessment procedures in St Clairs Nursing Home in line with the recommended national guidelines to include photographic evidence of wound progress and healing. Further training and education will be organised and provided for nurses where required

01/08/2013

The Pic will devise a new formal Resident communication template to show evidence of discussions in relation to residents plan of care in conjunction with relatives/relatives/GP and multidisciplinary team members input.

01/09/2013

The Pic/nurses will review and improve the care plans to show evidence of ongoing changes and recommendations to care and treatment

<p>The Pic will devise a new "End of life care" template to show documented evidence of discussions/decisions between residents/relatives/GP/Nursing staff and hospital consultants prior to any decisions that pertain to care and this will be reflected in the residents care plan.</p>	<p>01/09/2013</p>
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***Outcome 12: Safe and suitable premises***

<p><b>The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Some areas within the centre were not maintained in a good state of repair.</p> <p>While a plan to refurbish the existing centre was described as ongoing, a written/descriptive plan to include specific areas/rooms of priority was not available on the days of the inspection.</p> <p>Areas within the premises in need of repair were not prioritised on a phased basis to address aspects such as worn furniture and flaked paintwork.</p> <p>An allocated storage room for specific assistive equipment and devices was not in place to prevent clutter on corridors and in resident rooms.</p>
<p><b>Action required:</b></p> <p>Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.</p>
<p><b>Action required:</b></p> <p>Ensure suitable provision for storage of equipment in the designated centre</p>
<p><b>Action required:</b></p> <p>Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.</p>
<p><b>Action required:</b></p> <p>Ensure the premises are of sound construction and kept in a good state of repair externally and internally.</p>
<p><b>Action required:</b></p> <p>Maintain the equipment for use by residents or people who work at the designated centre in good working order.</p>

<b>Action required:</b>	
Keep all parts of the designated centre clean and suitably decorated.	
<b>Action required:</b>	
Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.	
<b>Reference:</b>	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The Provider/Pic will review St Clairs Nursing Home and identify/plan areas for refurbishment All repairs will be actively managed by all Pic/all staff in St Clairs on a daily/weekly basis and therefore safeguard the safety/needs of all residents/staff within the environment. The Pic will assess the current storage facilities in St Clairs and ensure all areas are kept clean and free from obstruction on a daily basis.	01/09/2013

**Theme: Workforce**

***Outcome 18: Suitable staffing***

<b>The person in charge is failing to comply with a regulatory requirement in the following respect:</b>
The staff rota did not include/identify all persons/staff working in the designated centre, actual hours of work or table for shift abbreviation used. Some staff indicated that staff worked between the nursing home and St Francis Village which was not evident on all rotas made available. On the rotas reviewed it did not show time set aside for the management function of the person in charge.
<b>Action required:</b>
Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

<b>Reference:</b> Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider and Person in Charge's response:  The Provider/Pic will ensure that all staff in St Clairs nursing home are visible on the rota at all times The Pic will document the allocated office days for the Pic to perform all management responsibilities/role effectively The Rots will have a template to explain all shift abbreviations	15/07/2013

<b>The Person in Charge is failing to comply with a regulatory requirement in the following respect:</b>  Training records did not include all staff working in the centre such as part-time nurses.  All staff working in the designated centre have not received fire safety training since 2011. Inspectors requested that the <b>person in charge address this immediately.</b>  Training records showed elder abuse training was last provided in 2010.  Wound assessment records did not demonstrate that staff nurses had sufficient contemporary evidence-based practice.	
<b>Action required:</b>  The Person in Charge shall ensure that staff members have access to education and training to enable them to provide care in accordance with evidenced-based practice.	
<b>Reference:</b> Health Act, 2007 Regulation 17: Training and Staff Development 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:  The Provider/Pic will ensure that all staff working in the centre have up to date training and education to ensure best practice and comply with guidelines and regulations	01/09/2013

Staff Training for Fire/Elder abuse booked for August 2013	
<p><b>The Provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Garda Síochána vetting was not available for one member of staff in the sample of staff files reviewed.</p>	
<p><b>Action required:</b></p> <p>Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 18: Recruitment  Standard 22:Recruitment</p>	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>The Provider/Pic will ensure that St Clairs Nursing home meets these requirements prior to and during employment.</p>	01/09/2013