

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St. Dominic Savio Nursing Home
<b>Centre ID:</b>	ORG-0000450
<b>Centre address:</b>	Cahilly, Liscannor, Co. Clare, Clare.
<b>Telephone number:</b>	065 708 1555
<b>Email address:</b>	desdemonasmith@hotmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Smith Hall Limited T/A St. Dominic Savio Nursing Home
<b>Provider Nominee:</b>	Desdemona Smith
<b>Person in charge:</b>	Desdemona Smith
<b>Lead inspector:</b>	Jackie Warren
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	24
<b>Number of vacancies on the date of inspection:</b>	0

## 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 judgements about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her 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
- to carry out thematic inspections in respect of specific outcomes
- 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**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, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 10 December 2013 12:00 To: 10 December 2013 18:30

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

Outcome 01: Statement of Purpose
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This report sets out the findings of a monitoring inspection, which took place to monitor ongoing compliance and to review the provider's progress in addressing the issues identified at the previous inspection. At this inspection the inspector found that the provider, who is also the person in charge had made considerable progress in addressing these matters. These issues had largely been satisfactorily completed, apart from structural building improvement work which was in progress and scheduled for completion in January 2014.

Since the last inspection the provider had built an extension to the building to enhance the comfort and privacy for residents. On the completion of the development within the coming weeks, the three and four bedded rooms in the centre would be reduced to two-bedded rooms. The provider had revised the statement of purpose, updated and improved the care planning system and further developed the risk management system. There had also been improvements to the directory of residents, the complaints procedure and operational policies had been reviewed and updated.

The inspector was satisfied that residents lived in a safe and comfortable environment and their health care needs were well met.

As the provider was also the person in charge, she will be referred to as 'the provider' throughout the report.

**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.**

**Outcome 01: Statement of Purpose**

*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.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

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

**Findings:**

The statement of purpose was generally in line with the requirements of the Regulations and accurately described the services to be provided. The provider was updating the statement of purpose to reflect the change in the layout of the building as a result of building works which were nearing completion and scheduled to finish within the coming weeks.

**Outcome 03: Suitable Person in Charge**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The post of person in charge was full-time and was filled by a registered nurse with the required experience in the area of nursing of older people as well as in management. There were appropriate arrangements in place for the absence of the person in charge.

There was an assistant director of nursing who deputised for the person in charge in her absence and there were further arrangements in place to cover the absence of the assistant director of nursing if required.

At the time of inspection, the person in charge was absent and the assistant director of nursing was deputising for her. The deputy of the assistant director of nursing was also present during the inspection. The inspector found that both nurses were suitably qualified and experienced and were knowledgeable of their roles and responsibilities under the regulations.

**Outcome 04: Records and documentation to be kept at a designated centre**

*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).*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

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

**Findings:**

During the previous inspection operational policies and procedures and staff recruitment files had been highlighted as areas for improvement and on this inspection the inspector found that these had been satisfactorily addressed.

The inspector reviewed a range of documents including operational policies, staffing records, medical and clinical documentation and the directory of residents. The documents viewed were comprehensive, up to date and in line with the requirements of the Regulations. Since the last inspection the provider had reviewed all the centre's policies and arrangements were in place for staff to read and implement the policies.

**Outcome 06: Safeguarding and Safety**

*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.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

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

**Findings:**

During the previous inspection, the inspector was satisfied that robust measures were in place to protect residents from suffering harm or abuse. During this inspection this continued to be evident.

The inspector reviewed the policy on protection and prevention of elder abuse which had been revised since the last inspection. The policy was informative and gave guidance to staff in the event of an allegation of elder abuse against a staff member or a resident and also provided guidance on investigation of allegations of abuse. Members of the management team who spoke with the inspector were clear on the investigation process of any allegation of abuse.

There was evidence that all staff received annual training in recognising and reporting elder abuse. This training was delivered by external trainers or by in-house workshops on alternative years.

The management of residents' valuables was found to be satisfactory during previous inspections. The management team confirmed that small amounts of money were kept for safe keeping on behalf of some residents and that the system for managing this had not changed.

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

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

**Findings:**

During the previous inspection, the inspector noted that there were measures to protect the safety of residents, staff and visitors and robust fire safety systems were in place, which, continued to be evident during this inspection.

During the previous inspection, the inspector noted that some improvements were required to manage risk and on this inspection these had been addressed.

There was a risk management policy and an up to date health and safety statement which included a risk register. The inspector viewed these documents and found that they were in line with the requirements of the Regulations. The risk management policy included control measures for the risks specified in the regulations. Risks specific to the centre were identified in the risk register and their control measures were detailed.

Since the last inspection the provider had addressed some risks specific to the centre, such as infection control in laundry and cleaning areas, access to high risk areas and environmental tobacco smoke in the building. New, well equipped laundry and cleaning rooms had been provided, which had adequate space, equipment and fittings to reduce the infection control risks previously identified. Key pad locking systems had been fitted to the doors of laundry and cleaning rooms to prevent unauthorised access into these areas.

Training records reviewed confirmed that all staff had received fire safety and evacuation training, which included a fire drill within the past year. Fire evacuation procedures were displayed throughout the building. All fire exits were unobstructed and an extensive range of weekly checks, including checks on fire exits, emergency lighting, fire door operating mechanisms, emergency lighting and compliance with smoking policy were recorded. There was supporting documentation to confirm that fire extinguishers and emergency lighting were serviced annually and the fire alarm was serviced twice a year.

There was an emergency plan which included clear guidance for staff on how to respond to a wide range of emergencies, arrangements for alternative accommodation and emergency transport in the event of the building having to be evacuated.

One nurse had completed an instructor's course in manual handling and training records indicated that she had trained all staff. She also had a supervisory role in monitoring and overseeing moving and handling practices in the centre.

### **Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

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

**Findings:**

The processes in place for the management of medication were safe and secure. The

medication management policy was identified as an area for improvement during the previous inspection and the policy had been revised and updated to provide guidance to staff.

A nurse on duty outlined the procedures and practices on medication management and administration and the inspector reviewed the prescribing and administration charts.

The medication prescription charts contained the required information, such as residents' names, addresses and dates of birth and name of residents' GPs. There were colour photographs of residents on the administration charts, which the nurse could check to verify identification. The medications listed on administration sheets, including discontinued medication, were individually signed by the GPs and nurses administered, or discontinued administration, based on this information. The nurses recorded and signed to confirm each medication administered.

The pharmacist carried out annual audits of the medication management system and the person in charge regularly audited medication management processes and procedures. The GPs and pharmacist also reviewed each resident's medication every three months or more frequently as required.

The inspector found that medication was suitably stored. Each resident's medication was stored in the medication trolley. Medication requiring strict controls was well managed. It was securely stored and stock levels were checked and recorded at time of administration and by two nurses at each change of shift. Secure refrigerated storage was provided for medication that required specific temperature control. The temperature of the refrigerator was monitored daily.

### **Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the accident and incident records and practice in relation to notifications of incidents. Accidents and incidents were well recorded with comprehensive details of each event and action taken, including details of the incident, treatment given and whether or not a doctor was notified.

Any serious injuries recorded in the log, had been notified to the Chief Inspector as



required and quarterly returns had been suitably submitted.

### **Outcome 11: Health and Social Care Needs**

*Each residents 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 residents 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.*

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

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

**Findings:**

The inspector was satisfied that the health needs of residents were well met. Residents had good access to GP and healthcare professionals and nurses maintained comprehensive care planning system.

Residents had access to GP services and out of hours medical cover was provided. The provider could facilitate a range of health care services for residents including physiotherapy, speech and language therapy and dietetic services. Chiropody, optical services, dental and psychiatry services were also available. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes. The inspector reviewed a sample of files and found that GPs reviewed residents on a three-monthly basis. The nursing notes were recorded in the communication sheets every day and night.

Since the last inspection the provider and nursing staff had been working on upgrading the care plans and ensuring that the information contained therein was up to date and person centred. The inspector viewed a sample of resident's files, including the files of residents with a nutritional concern, challenging behaviour and using bed rails. Nursing staff stated that there were no residents with wounds. The inspector reviewed the care of a previous wound which was now healed and found that it had been well managed.

Comprehensive nursing assessment was completed on admission and had been updated on a three monthly basis or as required by the changing needs of the residents. A range of risk assessments had been completed such as nutrition, falls risk, manual handling, risk of developing pressure ulcers and dependency levels. These were updated every three months or more frequently if required and were used to develop care plans. The care plans viewed were informative, person centred and up to date. The care plans were

reviewed by staff every three months and outcomes or any changes required were recorded on accompanying evaluation sheets.

The assistant director nursing told the inspector that all staff promoted a restraint free environment. She stated that there were no residents using specialised chairs, lap belts or bed rails as a form of restraint although a small number of residents had requested and were using bed rails as an enablers. This was documented and residents had signed to confirm that they wished to use bed rails.

### **Outcome 12: Safe and Suitable Premises**

*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.*

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**

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

**Findings:**

During previous inspections the building was found to be warm, clean, comfortably furnished and well maintained and on this inspection this continued to be evident. Since the last inspection the provider had carried out considerable work to meet the requirements of Regulations and standards and to improve the level of comfort for residents. An extension, comprising of 10 single bedrooms with en suite toilet and hand washing facilities, was at an advanced stage of completion. Accommodation in the extension also included a spacious assisted shower room, cleaning store, linen store, matron's office, nurses' station, staff sanitary accommodation, staff room and a general store. New, well equipped laundry and cleaning rooms had also been provided and these are further discussed in outcome 7 of this report. Improvements to sanitary accommodation had also been undertaken, with an assisted bath having been provided. The numbers of baths/showers and toilets available for residents' use on the completion of the new extension are in line with the requirements of the standards.

In order to meet the requirements of the National Quality Standards for Residential Care Settings for Older People in Ireland, the provider planned to reduce the capacity of the existing three and four bedded rooms to two-bedded. It was intended that this would take place in the coming weeks when the new rooms were completed and ready of occupation. Existing residents were offered the option of moving to the new rooms if they wished and some of the residents had expressed an interest in doing so.

The inspector found that there were robust hand hygiene practices in place. There were

hand sanitising gel dispensers located throughout the centre and the inspector saw that staff were vigilant in their use. Separate staff toilet facilities including hand-washing facilities were provided for catering staff.

### **Outcome 18: Suitable Staffing**

*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.*

**Theme:**

Workforce

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Residents' dependency levels were assessed using a validated tool and the provider used this to decide on appropriate staffing levels. There was always one nurse working throughout the day in addition to the person in charge or, if she was absent, the assistant director of nursing. There were normally three care assistants on duty during the day and evening and two in the late evening. There was one nurse and one on duty at night. There was also a chef and a cleaning person on duty daily and an activity co-ordinator worked three days each week. On the day of inspection, there was an adequate number of staff on duty to deliver care and residents praised the staff and told the inspector that they were well looked after.

The provider was committed to providing ongoing training to staff. Training records indicated that staff had attended a variety of training including wound management, dysphagia care, cardiopulmonary resuscitation, continence care, medication reviewing, workshops on anti-depressant and anti-psychotic medication and management of behaviour that is challenging in addition to mandatory training.

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

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

### ***Report Compiled by:***

Jackie Warren  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Action Plan

### Provider's response to inspection report<sup>1</sup>

Centre name:	St. Dominic Savio Nursing Home
Centre ID:	ORG-0000450
Date of inspection:	10/12/2013
Date of response:	30/12/2013

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

### Outcome 12: Safe and Suitable Premises

**Theme:** Effective Care and Support

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

The current layout and size of the three and four-bedded rooms did not meet with the requirements of the Regulations or the Authority's Standards, until the current renovations are completed and the capacity of the existing three and four-bedded rooms is reduced to two-bedded rooms.

**Action Required:**

Under Regulation 19 (3) (a) you are required to: 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.

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

The new extension is in the final stages of completion. We anticipate the builder will hand it over to us on or before Monday 27th January 2014 which will include all relevant health and safety and fire safety requirements to meet the Health Act 2007

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

and we will begin to move residents into the new wing on the 3rd of February 2014.

We will begin renovations to the existing three and four bedded rooms on or before 3rd March 2014. We anticipate these works will be completed by Monday 1st September 2014.

**Proposed Timescale:** 01/09/2014