

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St. Francis' Nursing Home
<b>Centre ID:</b>	ORG-0000168
<b>Centre address:</b>	Mount Oliver, Dundalk, Louth.
<b>Telephone number:</b>	042 935 8985/ 935 8954/935 8988
<b>Email address:</b>	stfrancisdundalk@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	St Francis Nursing Home (Mount Oliver) Limited
<b>Provider Nominee:</b>	Sister Kathleen Moran
<b>Person in charge:</b>	Pauline Clifford
<b>Lead inspector:</b>	Siobhan Kennedy
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	25
<b>Number of vacancies on the date of inspection:</b>	23

## 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 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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
02 December 2013 09:30	02 December 2013 17:30
03 December 2013 09:30	03 December 2013 16:30

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

As part of the application for renewal of registration the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). The inspector reviewed this documentation, ascertained the views of residents, relatives, and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The fitness of the provider and the person in charge was determined by interview during the previous registration inspection and ongoing regulatory work, including subsequent inspection of the centre and compliance with matters arising from inspections. They both demonstrated their knowledge of the legislation and

standards throughout the inspection process, promoted a philosophy of care which is person centred and provided good leadership for the staff in this regard. The fitness of the deputising person in charge was determined by interview during this inspection.

Matters arising from the previous inspection (7 actions) carried out on 18 February 2013 were satisfactorily addressed with the exception of all staff having knowledge of the fire evacuation procedures.

The inspector found that residents and relatives were positive in their feedback to the Authority and expressed satisfaction about the facilities and services and care provided. Residents were complimentary about their day to day life experiences, the centre's routines, meals provided and the staff team.

The experiences of residents were monitored to enhance the quality of care provided. They had good access to nursing, medical and allied health care and the administration of medicines was satisfactory. There were measures in place to protect residents from being harmed or suffering abuse. In the main, residents had opportunities to participate in meaningful activities, appropriate to their interests and capacities, however, residents with a diagnosis of dementia had less opportunities.

There were policies, procedures, systems and practices in place to assess, monitor and analyse potential risks with a view to controlling/minimising them. However, the inspector found that the risk management policy had not been fully implemented throughout the centre.

From an examination of the day time staff duty rota, communication with residents and staff the inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

There was evidence that staff had access to education and training, appropriate to their role and responsibilities, with the exception of providing social care to residents with dementia and the provisions of the Health Act and the regulations commensurate with their role within the centre.

Overall, the centre is operating to a good standard and was found to be largely in compliance with the Regulations. The action plan at the end of this report identifies areas where improvements are required to comply 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.

**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:**

There was a written statement of purpose which consisted of a statement of the aims, objectives and ethos of the centre, detailed the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the regulations. A copy of the updated statement of purpose was available for the inspector prior to and during the inspection. The provider was aware of the need to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

**Outcome 02: Contract for the Provision of Services**

*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.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector examined randomly a selection of residents' contracts. These had been agreed with the residents and or their family within one month of their admission to the centre and included details of the services provided and the fees charged.

**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 centre was being managed by a suitably qualified and experienced nurse. She had authority and was accountable and responsible for the provision of the service. She is a registered nurse and has experience of working with older persons. She works full time in the centre. During the inspection she demonstrated that she had knowledge of the regulations and Standards pertaining to residential/nursing care. She is supported in her role by the senior staff nurse, nursing, care administration, maintenance, kitchen and domestic staff, who report directly to her. Staff were familiar with the organisational structure and confirmed that good communications exist within the staff team. She and the staff team facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions.

**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:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

The centres' insurance was up to date and provided adequate cover against accidents or injury to residents, staff and visitors.

All of the written operational policies as required by schedule 5 of the legislation were available. The inspector examined the documents to be held in respect of persons working at the centre for two recently recruited staff members and found that these were satisfactory.

The inspector was informed that management of the centre do not take responsibility for residents' personal money.

The inspector found that in the main, the records listed in the in the legislation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval with the exception of the following: –

- The residents' guide did not include the terms and conditions in respect of accommodation to be provided for residents, a standard form of contract for the provision of services and facilities by the registered provider to residents and the most recent inspection report.
- The directory of residents did not include all the information specified in Schedule 3 for example the name and address of any authority, organisation or body which arranged the resident's admission to the centre.
- The format of the complaints log/form did not identify the outcome for the complainant nor clarify the role of the Authority in respect of unsolicited information received.
- The maintenance record was not up to date in respect of action taken to address the matters identified.
- A resident's falls risk assessment had not been dated by the assessor.
- The records in relation to residents' property/valuables had not been completed.

**Outcome 05: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The provider and person in charge were aware of their responsibility to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre

and the arrangements in place for the management of the designated centre during her absence. The fitness of the deputising person in charge was determined by interview during the inspection. The person works full time in the centre and is a nurse with a minimum of 3 years experience in the area of geriatric nursing with in the previous 6 years.

**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:**

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. During discussions with the inspector some staff members demonstrated their knowledge regarding reporting mechanisms within the centre and what to do the in the event of a disclosure about actual, alleged, or suspected abuse.

Responses from questionnaires completed by residents confirmed that they felt safe in the centre.

**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:**

Non Compliant - Moderate



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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

In the main, the health and safety of residents, visitors and staff was promoted and protected. Regular inspections and records were maintained by the maintenance staff member and an external company of the fire alarm system and fire equipment. During the previous inspection it was highlighted that there were insufficient opportunities for staff to participate in fire safety and prevention training, however, an examination of the training records showed that there had been extensive opportunities for staff training in this area during 2013. However, some staff were not able to fully describe the fire evacuation procedures to the inspector. The fire plan was displayed in various parts of the building. There were magnetic hold open devices on internal doors. Emergency lighting was provided throughout the building.

Risk management policies, procedures and systems were in place to assist in the identifying, assessing and taking precautions to control/minimise risks. An examination of the premises showed that there were aspects which took account of controlling/minimising the risks associated with the environment. For example, an emergency call bell system was extensively available, handrails were provided in circulating areas and grab support rails found in shower and toilet areas. There was an up-to-date health and safety statement and an emergency plan.

Residents' needs and mobility had been risk assessed to indicate the equipment necessary and the number of staff required to safely transfer residents by hoist. However it was not detailed in residents' care plans the hoist type and size of sling to be used.

The inspector examined the records of accidents and incidents. In order to minimise the risk of re-occurrences action plans had been devised and put in place. The inspector observed two staff members transfer a resident from a wheelchair to a dining room chair. This was carried out satisfactorily and in accordance with good practice guidance.

The centre was clean and a domestic staff member on duty, who communicated with the inspector, described the equipment and methods used to clean residents' bedrooms which was in accordance with the good practice guidance.

**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:**

No actions were required from the previous inspection.

**Findings:**

The inspector was informed by staff nurses that there was a policy and procedures to guide them in the management of residents' medication. This included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medications.

The inspector observed staff in charge of medicines administer these to residents. Prescription and administration sheets were available. Prior to administering medicines to residents the inspector observed the staff nurse consulting with residents. There was evidence of GPs reviewing residents' medicines on a monthly basis. The inspector was informed that an audit of the system had been carried out in order to highlight and subsequently control any risks which may be identified by staff operating it.

The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. The inspector examined a number of medicines available and this corresponded to the register.

**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:**

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

**Findings:**

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. The inspector found that incidents occurring in the centre had been recorded and management systems were in place to alert staff to notify the Authority of notifiable incidents within three days. Quarterly reports were provided, where relevant, for example accidents, incidents involving evacuation.

**Outcome 10: Reviewing and improving the quality and safety of care**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Moderate

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

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

**Findings:**

The inspector saw that much effort had been put in to establish and maintain a system for reviewing the quality and safety of care provided to and the quality of life of residents in the centre which included gathering statistical information in relation to certain areas. This included falls, residents experiencing pain and administration of flu vaccination. However, as yet, a report in respect of this information had not been devised and made available to residents and for inspection.

Regular residents meetings occurred and were recorded identifying discussions which took place and suggestions for future improvement for example the provision of one of the sitting rooms as a quiet area.

Interviews of residents and relatives during the inspection and questionnaires completed and returned to the Authority from residents and relatives were positive in respect of the provision of the facilities and services and care provided.

**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:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

From an examination of a sample of residents' care plans, discussions with residents, relatives and staff the inspector were satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. For example, there was information which detailed residents' choices with regard to daily routines, risk assessments such as dependency, moving and handling, falls, use of bed rails, nutrition, continence and the risk of pressure sores. There was evidence of appropriate medical and allied health care for example, referrals to the dietician, occupational and physiotherapists and specialists in wound care.

From the documentation and information received from residents the inspector saw that there were opportunities for residents to participate in meaningful activities, appropriate to their interests and preferences. Some residents told the inspector about participating in spiritual activities which were very meaningful to their lives while others described outings with their family members and organised quizzes and crafts in the centre. The inspector found that the arrangements to meet each resident's social care needs which reflected their interests and capacities were not detailed in a care plan. The inspector was provided with information which identified an invitation to residents with dementia and their relatives to participate in life story work but this has not yet not been progressed in an individual way.

There were systems and practices operating regarding restraint and where restraint was used as an enabler for example, the use of bedrails and personal alarms to keep residents safe. The documentation showed consultation with the resident or the resident's relative, the general practitioner and the nurse in charge. A review process was in place. In an interview with the inspector a resident told the inspector that she felt safe and comfortable sitting in a wheel chair as opposed to being transferred into a sitting room chair.

**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:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

An examination of the centre showed that it was suitable for its stated purpose and provides a comfortable and homely environment for residents. The centre is a purpose built building, adjoining a Franciscan convent, which has been designed and furnished to a high standard. It is registered to accommodate 25 in four areas Laverna, Gardenia, Assisi and Kevina distinguishable by a different colour scheme. The spacious bedroom accommodation consists of wheelchair accessible single shower ensuite bedrooms with built in wardrobes, accessible over-head lights and an emergency alarm call system. There are a variety of communal areas such as sitting and dining rooms, sun room, visitors' room (including separate toilet), quiet areas, tea points and seating along the corridors. Other rooms include treatment/clinical care, storage, hairdressing salon, administrative offices cleaning and sluicing.

Ample car parking is available to the front and side of the centre. There are two internal courtyards with garden furniture and colourful plants in addition to the open and vast surrounding gardens and fields. Residents and relatives in their information to the Authority were highly complimentary of the premises.

**Outcome 13: Complaints procedures**

*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.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

There was a written operational policy and procedure relating to the making, handling and investigation of complaints. The procedure identified the nominated person to investigate a complainant and the appeals process. This was displayed in a prominent position and some residents and relatives were aware of the process and identified the person whom they would communicate with if they had an area of dissatisfaction. The inspector examined the complaints record and this showed that the complaints were promptly investigated and detailed the outcome for the complainant.

**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

At the time the inspection there were no residents receiving end of life care. However the inspector spoke with a relative who confirmed that appropriate care and comfort was given to their family member at this stage of their life.

**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Residents were provided with food and drink at times and in quantities adequate for their needs. The inspector observed the lunchtime meal and saw that the food was probably served, was wholesome and nutritional. Menus showed a variety of choices and meals. Staff offered assistance to residents in a discreet and sensitive manner. Residents confirmed their satisfaction with mealtimes and food provided.

**Outcome 16: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

There was evidence that residents were consulted with and had opportunities to participate in the organisation of the centre in that a resident's forum had been set and the group met on a regular basis. One of the outcomes for the residents was the establishment of a quiet communal sitting area.

The inspector saw that residents' privacy and dignity was respected as personal care was provided in their own en suite bedrooms and they could receive visitors in private.

Residents were able to make choices about how they lived their lives in a way that reflected their individual preferences for example, on the day of the inspection a resident chose to go out shopping with her family member as opposed to attending an organised group activity.

**Outcome 17: Residents clothing and personal property and possessions**

*Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector saw that there was adequate space provided for residents' personal possessions. Residents had a locked facility in their bedrooms. There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

**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:**

Non Compliant - Moderate

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

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

**Findings:**

From an examination of the day time staff duty rota, communication with residents and staff the inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

In discussions with staff, they confirmed that they were supported to carry out their work by the provider and person in charge.

In general, the inspector found the staff team to be confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residential care, however, not all staff were knowledgeable of the provisions of the Health Act and the regulations commensurate with their role. There was evidence that new staff had participated in induction training and there was an extensive training programme in place. They had up-to-date mandatory training and access to education and training to meet the needs of residents. However they were not fully knowledgeable of working with residents who had a diagnosis of dementia, particularly with regard to specific interventions such as life story work.

The inspector examined the records in respect of two staff recently recruited to the centre and found that the documents regarding persons working at the centre had been obtained in accordance with the regulatory requirement.

**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:***

Siobhan Kennedy  
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. Francis' Nursing Home
Centre ID:	ORG-0000168
Date of inspection:	02/12/2013
Date of response:	23/01/2014

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

**Theme:** Leadership, Governance and Management

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

The resident's guide did not include the following: –  
a standard form of contract for the provision of services and facilities by the registered provider to residents and the most recent inspection report.

**Action Required:**

Under Regulation 21 (1) you are required to: Produce a residents guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

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

The Residents' Guide is now complete and is compliant under Regulation 21 (1)

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

**Proposed Timescale:** 23/01/2014

**Theme:** Leadership, Governance and Management

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

The directory of residents did not detail the name and address of any authority, organisation or body which arranged the admission of the resident.

**Action Required:**

Under Regulation 22 (1) (ii) -(iii) you are required to: Keep the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) up-to-date and in good order and in a safe and secure place.

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

The directory of Residents has been up-dated and corrected in compliance with Regulation 22 (1) (ii) – (iii). All care staff have been made aware of their responsibility in this regard.

**Proposed Timescale:** 23/01/2014

**Theme:** Leadership, Governance and Management

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

The record of residents' property had not been completed in respect of residents' valuables.

**Action Required:**

Under Regulation 22 (1) (i) you are required to: Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so to ensure completeness, accuracy and ease of retrieval.

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

Record of Resident's property has been checked, completed and signed. All staff member has been reminded of the requirement to keep records to ensure completeness, accuracy and ease of retrieval.

**Proposed Timescale:** 23/01/2014

**Theme:** Leadership, Governance and Management

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

The residents' falls risk assessment form had not been dated by the assessor.

**Action Required:**

Under Regulation 22 (1) (i) you are required to: Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a

manner so to ensure completeness, accuracy and ease of retrieval.

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

The residents' falls risk assessment form has been checked, dated and signed. All involved in residents' assessments have been reminded of the requirement to keep records so to ensure completeness, accuracy and ease of retrieval.

**Proposed Timescale:** 23/01/2014

**Theme:** Leadership, Governance and Management

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

The maintenance record had not been kept up to date regarding matters actioned.

**Action Required:**

Under Regulation 22 (1) (i) you are required to: Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so to ensure completeness, accuracy and ease of retrieval.

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

The Maintenance Record has been up-dated and the Maintenance Manager has been reminded of the requirement to keep records to ensure completeness, accuracy and ease of retrieval.

**Proposed Timescale:** 23/01/2014

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

**Theme:** Safe Care and Support

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

Residents' care plans did not identify the hoist type and size of sling to be used.

**Action Required:**

Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

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

Residents are being assessed and we are reviewing individual needs in relation to hoist types and sizes.

**Proposed Timescale:** 15/02/2014

**Theme:** Safe Care and Support

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

Although all staff had participated in fire safety and prevention training some staff were not familiar with the fire evacuation procedures.

**Action Required:**

Under Regulation 32 (1) (e) you are required to: 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.

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

In addition to the annual Fire Training we have now planned frequent, compulsory and random fire drills and evacuation exercises for all staff during all shifts.

Starting 3rd week of January 2014 and ongoing.

**Proposed Timescale:**

#### **Outcome 10: Reviewing and improving the quality and safety of care**

**Theme:** Effective Care and Support

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

While there were systems in place to gather information on key clinical performance indicators, there was no analysis of the information collected nor report prepared in order to be made available to residents and if requested, to the Chief Inspector.

**Action Required:**

Under Regulation 35 (2) you are required to: 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 and, if requested, to the Chief Inspector.

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

The information has already been gathered. Its analysis and preparation of the narrative/report is in process.

**Proposed Timescale:** 01/03/2014

## Outcome 11: Health and Social Care Needs

**Theme:** Effective Care and Support

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

Residents with dementia had not fully been given opportunities to participate in activities appropriate to their interests and capacity.

**Action Required:**

Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

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

We have implemented a awareness Programme for care of persons with dementia to assist care staff to provide the best possible care, including participation in activities appropriate to her interests and capacities.

Starting 21st January 2014 and on-going.

**Proposed Timescale:**

## Outcome 18: Suitable Staffing

**Theme:** Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Some staff were not fully knowledgeable of working with residents who had a diagnosis of dementia, particularly with regard to specific interventions such as life story work.

**Action Required:**

Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

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

Residents' families are being invited to participate in Life Story Work. Staff will also participate in Life Story work and Memory Boxes so that each resident who is willing/able will have access to these interventions.

**Proposed Timescale:** 31/03/2014

**Theme:** Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Not all staff members were made aware of the provisions of the Health Act and regulations and rules made there under commensurate with their role.

**Action Required:**

Under Regulation 17 (3) you are required to: Make staff members aware, commensurate with their role, of the provisions of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended, the statement of purpose and any policies and procedures dealing with the general welfare and protection of residents.

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

Nurses, Carers, Housekeeping staff, Administration and Maintenance and persons participating in the management of the Nursing Home have been made aware, appropriate to their roles, of the provisions of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended Statement of Purpose, Policies and procedures dealing with the general welfare and protection of residents through reading the documents and confirming that they have understood them.

The Person in Charge has identified opportunities for emphasizing the application of the provisions of the Health Act and regulations and rules to the Health Act etc. Examples would be implementation of this Action Plan, collection, analysis of data, Policy review and development.

15th December 2013–June 2014

**Proposed Timescale:** 30/06/2014