

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Jude's Nursing Home
Centre ID:	ORG-0000431
Centre address:	Borrisoleigh, Thurles, Tipperary.
Telephone number:	0504 51293
Email address:	babusumesh@yahoo.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mary Kennedy
Provider Nominee:	Mary Kennedy
Person in charge:	Sumesh Babu
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	7

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 renewal 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:
19 November 2013 12:00	19 November 2013 18:00
20 November 2013 10:00	20 November 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

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate for a renewal of registration. Since the previous inspection, the provider and the person in charge have been working to address the structural issues identified during that inspection and demonstrated a commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. They had made extensive changes to the internal layout of the building and had plans to continue refurbishing the building in 2014.

Evidence of good practice was found in many areas of the service. However, there were also many areas where significant improvements were required. Residents were supported to practice their religious beliefs as they wished and had the opportunity to vote if they wished to. There was a good standard of catering and residents were offered choices at mealtimes and snacks and drinks were available at all other times. The building was warm, clean, comfortably furnished and residents had access to safe and secure outdoor space.

Significant improvement was required to fire safety practices, evidence of servicing equipment, including fire alarms, infection control, medication management, care planning documentation and the premises non compliance issues. In addition, some improvement was required to records and documentation including the statement of purpose, directory of residents, operational policies. Improvement to the recreational opportunities available to residents was also required.

The provider and person in charge stated at the feedback meeting that the issues outlined would be addressed as a matter of priority on receipt of the report and action plan.

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:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The statement of purpose was generally informative, in line with legal requirements and reflected the service being provided in the centre. However, the statement did not contain all the requirements of Schedule 1 of the Regulations, such as the registration number, conditions and expiry date of registration and the staffing levels were not expressed as whole time equivalents.

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:

There was a contract of care which was generally in line with legal requirements and detailed the fee to be charged and the services that were included in the fee. There was a separate residents' admission agreement attached to the contract which detailed what was not included and incurred an additional fee.

The inspector viewed a sample of contracts of care which were suitably agreed by the

person in charge and the residents.

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. The person in charge was qualified and experienced. The person in charge demonstrated good clinical knowledge and he was knowledgeable regarding the Regulations, Standards and his statutory responsibilities.

The person in charge had maintained his continuous professional development having completed a nurse management training course. Other training that he had undertaken included clinical auditing, communication and medication management.

There were suitable deputising arrangements in place to cover the absence of the person in charge.

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 - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

During the inspection the inspector reviewed a range of documents, including staffing records, insurance policy and medical and nursing records. While the documents viewed were informative and generally in line with legal requirements, some operational policies and the directory of residents required some further development.

Although there were a range of operational policies in place, some of the policies required some further development as they did not include sufficient information to guide staff. For example, the end of life policy did not provide sufficient guidance to staff.

The directory of residents did not include all the required information, such as the gender of residents and the cause of death of some residents who died in the centre.

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 person in charge and the provider were aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge.

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:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge had taken measures to protect residents from being harmed or abused. He had arranged training in detecting and reporting elder abuse and all staff had received this training. Staff who spoke with the inspector were clear on what constituted abuse and were aware of their responsibility to report any allegations of abuse. There was a policy on the management of elder abuse which however, required some improvement as it did not sufficiently guide staff on how any alleged abuse was investigated.

There was a secure process for the management of residents' finances and valuables. All transactions were recorded clearly in a transparent process and signed by the person in charge and the resident or a witnessing staff member.

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:

The provider and person in charge had put some measures in place to protect the safety of residents, staff and visitors to the centre. There was a risk management policy and health and safety statement to identify and address risks in the centre however, there were a number of risk management issues identified during the inspection.

The inspector reviewed the risk register and found that it included completed risk assessments identifying many hazards in the building such as those associated with manual handling and infections. However, the risk management policy did not include all the information required by the Regulations, such as the arrangements for identification, recording, investigation and learning from serious incidents. In addition, it had not been updated to include all the risks specified in the Regulations, such as the risk of self harm. The management of these risks was addressed in separate policies, and the person in charge said that he would update the risk register to include them.

The provider had not sufficiently prioritised the safety of residents in the event of fire. The inspector was advised that some bedroom doors were not fully closed at night either at the request of the resident or for the purpose of observing and checking on residents throughout the night. This presented a risk to the prompt implementation of

fire safety measures in the event of a fire. This was brought to the attention of the provider and person in charge during the inspection and they stated that they would introduce measures to address this risk.

There was evidence that all fire fighting equipment had been serviced annually. The person in charge stated that fire alarms were serviced quarterly. There was, however, no certification available to verify this. In-house weekly checks of the fire alarm system, emergency lighting and fire exit doors were carried out and recorded by the person in charge. Fire orders were displayed clearly throughout the building and all means of escape were found to be unobstructed.

Other areas of fire safety were well managed. A review of training records showed fire safety and evacuation training was provided to all staff once each year through two external training sessions. Most staff had received training in 2013, although there were a small number of staff who had not yet attended and were scheduled to attend fire training in December 2013. Staff who spoke with the inspector were clear on fire safety practices and knew what to do in the event of a fire.

There was an emergency plan in place which identified what to do in the event of an emergency, which included a contingency plan for the evacuation of residents from the building and their transfer to alternative accommodation.

However, there were inadequate measures in place for cleaning mop heads and staff explained that these were washed in the sluice sink each evening. The cleaning staff had received training in hand hygiene but not in hygiene of cleaning equipment as a means of infection control. There was a guidance document on cleaning, but this did not provide guidance on the use, handling and sanitising of mops.

Measures were in place to reduce accidents and promote residents' mobility. Residents were observed safely moving about the building during the day. The person in charge had arranged for all staff to receive up to date training in moving and handling and this was confirmed by training records. Manual handling assessments had been carried out for all residents.

Outcome 08: Medication Management

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

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:

While the processes in place for the management of medication were generally safe, secure and in accordance with current guidelines and legislation, some areas of medication management were not appropriate to safeguard residents and increased the risk of medication error and therefore required improvement.

The actions required from the previous inspection had been satisfactorily addressed in respect of photographic identification on administration charts and routes of administration of medication but not in respect of management of PRN (as required) medication.

Medications requiring strict controls were not managed in accordance with nursing professional guidelines. They were securely stored in a double locked press in a locked room and the balances were checked and recorded by a nurse at the time of administration. Past records showed that the balances, were not checked and recorded by two nurses at each change of shift. There were no such medicines being administered to residents at the time of inspection. Refrigerated storage was provided for medications that required specific temperature control and the temperature of the refrigerator was monitored daily. The inspector found that there were some medications which required to be used within a specific time from being opened. There was no system in place for recording the date when these products were opened so that their dates of minimum durability could be monitored and properly disposed of when out of date.

The inspector reviewed the administration of medication. Each resident's medications were individually stored in individual named containers in a locked press. There were colour photographs of residents on the administration charts, which the nurse could check to verify identification if required. A copy of each resident's prescription had been transcribed electronically by a nurse and checked and signed by the GP. These were stored alongside the administration sheets and nurses administered medication from them. The GP also signed and dated to verify the discontinuation of medication. The nurses generally recorded and signed to confirm each medication administered, although there were some instances where signatures had been omitted and it was not possible to establish whether residents had received their medication or not. These omissions had not been identified as medication errors, had not been investigated and measures had not been introduced to prevent their re-occurrence. In addition, the maximum doses of PRN medication were not indicated on the sample of prescription sheets viewed.

The inspector reviewed the management of crushed medication and found that the process of crushing medication had not been formally prescribed by the GP. The GP provided written confirmation that some residents' medication could be crushed, but medications were not individually signed to verify this. This presented a risk that medication could be crushed that was not suitable for this process.

At the time of inspection none of the residents self administered their medications and no assessments had been undertaken to establish if this would be an option for any of the residents.

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:

Non Compliant - Moderate

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 and found that some improvement was required.

Accidents and incidents were well recorded with comprehensive details of each event and action taken, including details of the incident, treatment given, witnesses and whether or not the next of kin was notified. However, a serious injury of a resident had not been notified to the Chief Inspector as required.

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:

No actions were required from the previous inspection.

Findings:

There was limited formal auditing being undertaken to inform the introduction of preventative measures and to develop improvement of practices.

The person in charge maintained registers of accidents, incidents and complaints and he said that he kept these under informal review. The numbers of accidents, incidents and complaints were very low and there were no trends emerging. Quarterly medication management audits had been undertaken by the person in charge or a nurse however, these audits had failed to identify the poor practices in operation.

The person in charge spoke of his intention to commence care plan auditing in the near future.

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:

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

Findings:

The inspector found that residents' overall healthcare needs were met and that a high standard of nursing care and appropriate medical care was provided to residents. There were, however, improvements required to assessment and care planning and the recreational opportunities available to residents.

All residents had access to GP services and could choose to retain their own GP if they so wished and there was an out-of-hours service available. A review of resident residents' medical notes showed that GPs visited the centre regularly and reviewed and re-issued each resident's prescriptions every three months or more frequently if required.

The residents had access to health care services, such as physiotherapy, speech and language therapy, psychiatry services and chiropody as required and records of referrals were maintained on residents' files.

The inspector found that although the care plans were generally informative, the documentation of care interventions required improvement in some files.

The inspector viewed a number of residents' files, including residents with falls risk, behaviour that challenged and bed rails and found that some improvement to the documentation was required. Each resident had a comprehensive assessment and a range of additional assessments completed including assessments for mobility, falls, pain and tissue viability. Care interventions had been developed based on the outcomes of the assessments. Some of the care plans viewed, however, were not sufficiently detailed

to guide the provision of care and were inadequate in guiding how to address issues such as behaviour that is challenging and meeting special dietary needs. For example a care plan for managing behaviour that is challenging did not provide sufficient guidance on specific techniques which could be used to calm residents or identify the triggers so that preventive measures could be put in place. A record of the behavioural incidents had not been maintained in line with the centre's policy. The care plan interventions were being reviewed every three months and were dated but not signed by the reviewing nurse. Where changes to residents' care needs were required the care plans were amended but not rewritten. Consequently, it was difficult to establish residents care needs from reading the files.

Furthermore, some care plans had not been updated to reflect changes in assessed needs, such as changes in falls risk.

At the time of inspection there were no residents with wounds or pressure ulcers and none of the residents were experiencing weight related issues. All residents' weights were monitored monthly.

There was no evidence that residents or their relatives had been involved in the development and review of their care plans.

The provider and person in charge promoted a restraint free environment. None of the residents used specialist chairs and one resident used bed rails for safety while in bed. The inspector reviewed the use and management of bed rails and found that the assessment carried out prior to the introduction of bed rails required some improvement. An assessment viewed indicated the reasons for use and the possible risks and the frequency of checking a resident with bed rails was documented. There were, however, no records that other options had been explored before implementing these practices. Bed rail assessments incorporated a 'consent' form to be completed by either the resident or their representative.

Although a range of suitable activities were available to residents the provision of recreational opportunities required some further development. An activity coordinator worked in the centre two mornings each week. She was present at the time of inspection and explained that there was no organised activity schedule, but that the wishes of residents guided the provision of activities. She told the inspector that she was trained to deliver therapy for people with dementia and cognitive impairment, which she did regularly. On one of the days of inspection, she organised a 'fit for life' exercise session, a quiz, and a recitation of the rosary. One resident played music on the accordion while others sang along and some residents and staff danced to the music. The residents actively engaged in these activities and clearly enjoyed them. Social assessments had been undertaken and each resident's preferences were documented in their files. This information was not used to inform the organisation of activities by staff outside of sessions provided by the activity co-ordinator.

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 - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

Considerable work had been undertaken in the centre since the last inspection, although further improvements were necessary and the provider confirmed that these were being addressed. Since the last inspection, the provider had carried out significant works towards bringing the centre into line with the requirements of the Regulations and the Standards, and to improve the quality of life for residents. This work was ongoing and the person in charge outlined that further improvements would be carried out in 2014. The use of four single bedrooms on the first floor of the building had previously been discontinued for fire safety reasons. Since the last inspection the provider had been working to provide a means of evacuation from this part of the building and a fire escape was under construction. This work was at an advanced stage and the person in charge expected that it would be completed within the coming weeks. A room had also been designated as a treatment room which was also at an advanced stage of preparation.

During previous inspections the inspector also found that the location of some of the bedrooms was unsuitable, as residents had to go through the kitchen to access them. The use of these as bedrooms has been discontinued. This area, which is now accessed through an external door, was being used as office accommodation and staff facilities. The inspector had also identified the sluicing facilities as an area for improvement and this had been addressed. An external sluice room with a deep stainless steel sink and a hot and cold water supply had been constructed.

In addition, the occupancy of one of the three bedded rooms had been reduced to two beds. The person in charge stated that there was a plan to convert the other three-bedded rooms to twin rooms in due course. The person in charge also stated that there were plans to extend the building to achieve further compliance with the Regulations and standards.

During previous inspections of the centre, it was found to be well maintained clean and comfortable. On this inspection the inspector found that this standard continued to be evident throughout the building and the external areas. There was appropriate assistive equipment provided to meet the needs of residents. The inspector viewed the maintenance and servicing contracts and found the records were up-to-date and confirmed that equipment was in good working order. There was, however, no

documentation to certify that the central heating boiler had been serviced, although the person in charge confirmed that it had been serviced six months ago.

There was an external laundry area, where bed linen, towels and residents clothes were laundered and ironed. There was no means of heating this area and at the time of inspection it was very cold. The inspector noted during the inspection that the external doors to the laundry were not close fitting, with a gap at the bottom of the door which could allow the entry of rodents and other pests into this area.

As outlined in previous inspection reports, some residents occupied multi-occupancy rooms and the screening between beds in these multi occupancy rooms did not provide maximum privacy to residents. There was no bath in the building for residents to use should they choose to have a bath.

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:

The inspector found evidence of good complaints management.

There was a complaints policy in place. The complaints procedure was clearly displayed and outlined the name of the complaints officer and details of the appeals process. There was also a nominated person to oversee and review the complaints register.

The inspector reviewed the complaints log and found that all required information was recorded. All complaints to date had been investigated and suitably addressed. Very few complaints had been received since the last inspection. The provider and person in charge attributed this to their presence in the centre and their close communication with the residents.

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:

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre.

Spiritual care for residents of all denominations could be arranged and the sacrament of the sick was available to any resident who wished to receive it. Staff told the inspector that a resident who was nearing end of life would be offered the option of moving to a single room if there was one available. Otherwise, arrangements were made for screening of beds in shared rooms to maximise the privacy of both residents. Staff confirmed that support and advice was available from the local hospice care team. Families could avail of unrestricted visiting time and were provided with food, snacks and drinks as required.

There was an end of life policy which required some further development and this is further discussed in Outcome 4 of this report.

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 offered a varied nutritious diet. The quality, choice and presentation of the meals were of a high standard and residents told the inspector that the food was always very good. While the majority of residents ate a normal diet, some residents required special or modified consistency diets and these needs were met.

Residents and staff stated that food, drinks and snacks were available at all times, including night time if they were required. A variety of hot and cold drinks were being served throughout the day including homemade soups, scones and cakes. There was a

weekly menu which offered choice at each meal. The menu was displayed in the dining room. In addition, there were colour photographs of each of the daily lunch option displayed in a stand at the dining room table. The chef stated that the menu plan was changed quarterly with input from residents.

Meals were served to residents in the location of their choice. Some residents dined in the day room while others preferred to have their meals in the dining room. The atmosphere during dinner was relaxed and unhurried. While the majority of residents ate their meals independently, staff offered encouragement and assistance as required.

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:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector noted that the privacy and dignity of residents was well respected, although some aspects of the layout of the building impacted on the privacy and dignity of some residents. Some residents continued to occupy three-bedded rooms, although the provider was working to address this. These rooms were supplied with portable privacy screens. These screens did not fully extend around beds to provide maximum privacy to residents if required.

Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Bedroom and bathroom doors were closed when personal care was being delivered.

Residents' religious and political rights were met. The local priest visited and said mass each month and the residents recited the rosary together regularly. The person in charge told inspectors of arrangements in place for residents of different religious beliefs. Arrangements were in place for residents to vote in the centre if they wished to.

Residents were consulted in the running of the centre. Monthly resident committee meetings were held which were attended by residents, relatives and some staff members. Minutes of the meetings were recorded and available to review. At recent meetings suggestions had been made about food choices and these had been addressed. It had also been suggested to provide an internet link to the local church and

the person in charge confirmed that he was in the process of organising this.

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:

All residents had adequate storage space for clothes and personal possessions and lockable storage space for valuables was also provided in their rooms.

There was a laundry room for washing/drying and sorting of residents clothing. All clothing was labelled discreetly. The inspector found that good care was taken of clothing.

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 person in charge used this to decide on appropriate staffing levels. On the day of inspection, there was an adequate number of staff on duty throughout the day. Due to the small number of residents in the centre at the time of inspection, the person in charge carried out

nursing duties in the mornings and management functions in the afternoons. There was an additional nurse on duty in the afternoons, evenings and during the night. There was always a care assistant on duty throughout the day and evening and on call in the building to assist the nurse during the night. In addition there was a part time chef and one of the nurses came to the centre twice each week specifically to arrange activities for the residents. The provider, who was a nurse, was also present in the centre most days. The provider, person in charge and staff knew the residents well and spent time interacting with them during the inspection.

The inspector read a sample of staff files. Staff files viewed were found to contain all the documentation required by the Regulations. There was a staff recruitment policy in place.

The person in charge had arranged for staff to receive mandatory training. The person in charge said that he was working on developing a training plan for 2014 and that palliative care and care planning training were areas which he hoped to prioritise.

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

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	St. Jude's Nursing Home
Centre ID:	ORG-0000431
Date of inspection:	19/11/2013
Date of response:	28/02/2014

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 01: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement did not contain all the requirements of Schedule 1 of the Regulations, such as the registration number, conditions and expiry date of registration and the staffing levels were not expressed as whole time equivalents.

Action Required:

Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Please state the actions you have taken or are planning to take:
statement of purpose now contains the required information.

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

Proposed Timescale: 22/01/2014

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

Theme: Leadership, Governance and Management

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

The directory of residents did not include all the required information, such as the gender of residents and the cause of death of some residents who died in the centre.

Action Required:

Under Regulation 23 (2) you are required to: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

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

the directory of residents now include, gender and all the required information, and will carry the similar way.

Proposed Timescale: 22/01/2014

Theme: Leadership, Governance and Management

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

Some of the operational policies did not provide sufficient information to guide staff and required some further development. For example, the end of life policy did not provide sufficient guidance to staff.

Action Required:

Under Regulation 27 (2) you are required to: Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

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

end of life care policy is now reviewed and in place , which include robust information to guide the staff. seven policies are now updated. The rest of the policies are up todate. there will be another reviewal of policies in february 2015.

Proposed Timescale: 29/12/2013

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

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

The elder abuse policy contained direction on detecting and reporting elder abuse, but did not provide guidance on the management and investigation of allegations of abuse.

Action Required:

Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

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

elder abuse policy is now reviewed, which provides guidance on the management and investigation of allegations of abuse

Proposed Timescale: 16/01/2014

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:

The risk management policy did not include all the risks specified in the Regulations, such as the risk of self harm.

Action Required:

Under Regulation 31 (2) (a) and (b) you are required to: 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.

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

risk management policy is updated for all the risk in the centre, included self harm

Proposed Timescale: 16/01/2014

Theme: Safe Care and Support

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

Some bedroom doors were not fully closed at night and this presented a risk to the prompt implementation of fire safety measures in the event of a fire. Other areas of fire safety were well managed.

Action Required:

Under Regulation 32 (1) (c) (i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

all the fire doors are kept closed at night, bedroom are going to be fitted with magnetic fire door release for any resident who wishes to leave the door open at night.

Proposed Timescale: 20/03/2014

Theme: Safe Care and Support

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

There was no certification available to verify that fire alarm servicing had been carried in 2013.

Action Required:

Under Regulation 32 (2) (b) you are required to: Maintain, in a safe and accessible place, a record of all fire alarm tests carried out at the designated centre together with the result of any such test and the action taken to remedy defects.

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

fire alarm services carried out every six months by a competent person and weekly by management, fire alarm test certificate was not available at the time of inspection, but sent it later by post.

Proposed Timescale: 16/01/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

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

There was no system in place for recording the date when some products were opened so that their dates of minimum durability could be monitored and disposed of when out of date.

Action Required:

Under Regulation 33 (2) you are required to: Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

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

whenever the medication related products are opened , it is labelled with date of opening

Proposed Timescale: 27/02/2014

Theme: Safe Care and Support

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

Some areas of medication management were not appropriate to safeguard residents and increased the risk of medication error.

The balances of medications requiring strict controls were not checked and recorded by two nurses at each change of shift in accordance with nursing professional guidelines.

There were some instances where signatures had been omitted and it was not possible to establish whether residents had received their medication or not. These omissions had not been identified as medication errors, had not been investigated and measures had not been introduced to prevent their re-occurrence.

Maximum doses of PRN medication were not indicated on some prescription sheets.

Nurses administered crushed medication that had not been prescribed by the GP. This presented a risk that medication could be crushed that was not suitable for this process.

No assessments had been undertaken to establish if self administration of medication would be an option for any of the residents.

Action Required:

Under Regulation 33 (1) you are required to: 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.

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

There is no controlled drugs kept in the nursing home currently, but in the future the balance of controlled drugs will be checked and recorded by two nurses at each change of shift.

Medication chart are signed every rounds, and looked at everyday for medication error and crushed medications.

Maximum doses of PRN medications are written down all the times,

Formal assessment will be carried out if any residents are eligible to do self medication.

Proposed Timescale: 27/02/2014

Outcome 09: Notification of Incidents

Theme: Safe Care and Support

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

A serious injury of a resident had not been notified to the Chief Inspector as required.

Action Required:

Under Regulation 36 (2) (c) you are required to: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.

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

this incident is notified to HIQA now, and in the future all the incident will be notified without delay

Proposed Timescale: 28/02/2014

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:

There was limited formal auditing being undertaken to inform for improving the quality of care provided and the quality of life of residents.

Action Required:

Under Regulation 35 (1) (b) you are required to: Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

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

there will be more formal auditing will be undertaken to improve the quality of care provided in the area of falls, care plans, complaints

july 2014 and year ending 2014

Proposed Timescale: 31/07/2014

Theme: Effective Care and Support

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

An adequate system was not in place for reviewing the quality and safety of care provided to residents in the designated centre.

Action Required:

Under Regulation 35 (1) (a) you are required 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 designated centre at appropriate intervals.

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

an annual review and audit will be carried out for this year and will continue auditing to find out the area need improvement. annual audit will include residents who have been physically restrained, resident receiving psychotropic drugs, resident spent most time in bed and chair, residents have fallen and resident experience significant weight loss.

july 2014 and year ending 2014

Proposed Timescale: 31/07/2014

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:

The provision of recreational opportunities required some further development. The information compiled in residents' social assessments was not being consistently used to inform the organisation of activities suited to residents' capabilities and interests.

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:

every resident has been assessed for activities, and provided activities which suits to his/her interest and capacities. an activity coordinator provides coordinated sessions three to four days per week, regular staff are now more involved in the activities, which including from simple exercises to residents personal hobbies. other activities such as knitting, playing cards, ball games, music, sonas, books and library services are also provided.

Proposed Timescale: 14/01/2014

Theme: Effective Care and Support

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

The assessment carried out prior to the introduction of bedrails required some improvement as there were no records that other options had been explored before implementing this intervention.

Action Required:

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

assessment carried out prior to use of any form of restraints, all the other options are

explored before using restraints.

Proposed Timescale: 27/02/2014

Theme: Effective Care and Support

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

Some care plans were not sufficiently detailed to guide the provision of care.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

all the care plans are now sufficiently detailed to guide the provision of care.

Proposed Timescale: 27/02/2014

Theme: Effective Care and Support

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

There was no evidence that residents or their relatives had been involved in the development and review of their care plans.

Action Required:

Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

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

all residents and relatives are now involved in the care planning process. all the current care plans are now discussed with the resident or relatives, and will follow the same every three months.

Proposed Timescale: 28/02/2014

Theme: Effective Care and Support

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

Some care plans had not been updated to reflect changes in assessed needs.

Action Required:

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less

frequent than at 3-monthly intervals.

Please state the actions you have taken or are planning to take:
all the care plans are updated

Proposed Timescale: 14/01/2014

Theme: Effective Care and Support

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

The documentation of care interventions required improvement in some files. Some care plans were not sufficiently detailed to guide the provision of care.

Assessment carried out prior to the introduction of bed rails required some improvement and did not record other options which had been explored before implementing this practice.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

Please state the actions you have taken or are planning to take:
all the care plans are reviewed and rewritten, all the care is discussed in detail and recorded in the care plan.

Proposed Timescale: 27/02/2014

Theme: Effective Care and Support

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

There was no evidence that residents or their relatives had been involved in the development and review of their care plans.

Action Required:

Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

Please state the actions you have taken or are planning to take:
all residents and relatives are now involved in the care planning process. all the current care plans are now discussed with the resident or relatives, and will follow the same every three months.

Proposed Timescale: 28/02/2014

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:

There was no record to certify that the central heating boiler had been recently serviced.

Action Required:

Under Regulation 19 (3) (c) you are required to: Maintain the equipment for use by residents or people who work at the designated centre in good working order.

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

the boiler is serviced yearly, certification is now available.

Proposed Timescale: 27/12/2013

Theme: Effective Care and Support

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

The external doors to the laundry were not close fitting, with a gap at the bottom of the door which could allow the entry of rodents and other pests into this area.

Action Required:

Under Regulation 19 (3) (b) you are required to: Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

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

the external door to laundry now is fitted with brush liner at the bottom which will prevent entry of pest.

Proposed Timescale: 27/12/2013

Theme: Effective Care and Support

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

Aspects of the premises such as the multi-occupancy bedrooms will not comply with with the requirements of the Regulations and Standards by July 2015.

Action Required:

Under Regulation 19 (3) (f) you are required to: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

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

proprietor is in talk with engineer, plans and drawing are made. the plan is to extend the building on the ground floor and thereby meet the requirement.

Proposed Timescale: 31/01/2015

Theme: Effective Care and Support

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

There was no bath in the building for residents to use should they choose to have a bath.

Action Required:

Under Regulation 19 (7) (d) part 2 you are required to: Provide a sufficient number of assisted baths and showers, having regard to the dependency of residents in the designated centre.

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

the old bath was taken out because of the lay out changes in the centre at that time. but now there is a new bath in place in one of the bathroom

Proposed Timescale: 12/12/2013

Outcome 16: Residents Rights, Dignity and Consultation

Theme: Person-centred care and support

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

Some aspects of the layout of the building impacted on the privacy residents. Some residents occupied three-bedded rooms. The portable screens did not fully extend around beds to provide maximum privacy to residents if required.

Action Required:

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

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

planned to provide a new rail curtain system in every room for each resident.

Proposed Timescale: 15/03/2014

