

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Joseph's Nursing Home
Centre ID:	ORG-0000176
Centre address:	Mountsackville, Chapelizod, Dublin 20.
Telephone number:	01 821 3134
Email address:	clunymg@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sisters of St. Joseph of Cluny
Provider Nominee:	Maeve Guinan
Person in charge:	Sophie Prad
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	27
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 1 day(s).

The inspection took place over the following dates and times

From: 02 April 2014 12:30 To: 02 April 2014 17:00

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

Outcome 04: Records and documentation to be kept at a designated centre
Outcome 07: Health and Safety and Risk Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 15: Food and Nutrition
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This was a follow up inspection and forms part of the assessment of the application for renewal of registration by the provider. The inspection took place over one day and as part of the visit, practices were observed and relevant documentation reviewed such as care plans, policies and procedures and staff files. This report outlines the progress made by the provider and person in charge to address the non compliances found on the registration inspection on 15 & 16 January 2014.

During this follow up the recently appointed person in charge and clinical nurse manager undertook an interview process as part of the Authority's process to determine fitness for registration purposes. Both were found to have appropriate qualifications and experience suitable to their roles and to have a good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The inspection was announced and on arrival the inspector found residents were finishing their lunch. Most residents took this in the dining room and some were returning to their bedrooms or to the sitting rooms. The centre was warm, visually clean and clutter free.

A good standard of safe and suitable care was found to be delivered in an unobtrusive, caring and respectful manner by all staff. Residents spoken too

expressed satisfaction with their care.

Overall it was found that efforts to address the non compliances by the provider person in charge and all staff resulted in most of the actions required from the registration inspection were addressed. The findings of this inspection are set out under the relevant outcomes and all actions required were found to have been fully or partially addressed.

Where the actions required from the registration inspection were not fully addressed these are re stated in the Action Plan at the end of the report to identify those areas where improvements continue to be required in order to comply with the Regulations and the Authority's Standards.

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

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

On the registration inspection it was found that, the recording of residents' health condition and the treatment given required to be improved to ensure completeness accuracy and adequacy.

This action was fully addressed. Documentation reviewed included reviews of the nutritional status of those residents with identified needs, food and fluid monitoring records and a sample number of care plans and risk assessments. Each aspect of the documentation systems in place contributed to provide an accurate and up to date picture of resident's overall health status and condition.

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 actions required from the registration inspection under this outcome were found to be partially addressed. Risk management processes were found to have been revised to improve the transport systems in place for cleaning equipment. Previously all cleaning equipment had to be brought through either the staff room or the laundry area to access the dedicated cleaning room. On this visit it was found that the provider had transformed a former storage area into a staff canteen which ensured free passage to the dedicated cleaning room without undue risk of contamination to other areas. The new canteen was welcomed by staff as it provided a warmer and more private area for their rest periods.

The provider indicated in the response to this action that policies would be reviewed and a cleaning manual was being devised which would clarify the level of responsibility and processes for the cleaning of blood spillages for all grades of staff to ensure clarity and consistency. However, in conversation with staff and managers it was found that this aspect had not yet been actioned and staff understanding remained inconsistent and unclear. A cleaning manual had been devised and was due to be discussed at staff meetings scheduled for next week to seek staff input and feedback prior to being implemented.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Actions required from the registration inspection under this outcome were found to be partially addressed.

The actions in relation to activity provision which required to be improved for those residents who spend long periods of time in bed or those with cognitive impairments and meaningful activities which reflected residents past interests or hobbies were not yet implemented, however it is noted that the time scale for the completion of the action has not yet expired.

Progress was noted in that the activity co-ordinators roster was changed to improve accessibility and the clinical nurse manager has commenced implementing a personalised assessment tool called 'a key to me ' to assist in determining resident's past interests and hobbies to inform programme revision, this tool also aids in providing appropriate activities to persons with limited cognitive capacity. A revised activity programme was due to commence next week.

The actions required in relation to care planning and risk assessments was found to have been substantially progressed although the time scale for the completion of the action has not yet expired. In a sample of documentation reviewed it was found that there were improvements to the care planning and assessment process in that they were sufficiently specific to provide adequate guidance and make an informed determination of the quality of the care delivered. Improvements were also found to include an emphasis on person-centred care. A tool to evaluate care plans and determine their effectiveness has been compiled although not yet instigated and regular audit and review by the clinical nurse manager (CNM) and person in charge (PIC) were found to be planned.

Actions required further to the registration inspection on the systems in place to ensure residents were facilitated to receive all appropriate health care as required in order to achieve and enjoy the best possible health required review including restraint use and access to specialists and allied health professionals. Progress on the promotion of a restraint free environment was evident and at the time of this visit the inspector was informed that the use of restraint was not in place for any resident.

Evidence that appropriate access to healthcare specialists and allied health professionals such as occupational therapy, physiotherapy speech and language or dieticians was found. In conversation with staff and on review of documentation it was noted that all residents identified as requiring these services had been reviewed by a dietician in February/ March 2014. Several residents had also been reviewed by a speech and language therapist. Access to the community outreach team attached to an acute

hospital was in place for all residents and during the visit one resident was brought to the acute services for follow up further to GP review earlier.

Although the actions pertaining to activity provision and healthcare were not fully addressed an action plan has not been included in this report as the time scale for addressing the action from the last inspection had not expired and the inspector formed the view that sufficient progress had been made to ensure the centre would be compliant in this regard in line with the agreed time scales.

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:

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

Findings:

All of the actions required with the exception of the refurbishment of the multi occupancy room was found to have been fully and satisfactorily addressed on this visit. However, it was also noted that substantial progress has been made to address the design and layout of the unit known as 'Shalom' to ensure it meets the requirements of the regulations and residents needs going forward.

The process of refurbishment was underway during this visit. The unit has been closed to allow this take place with residents transferred to other vacated rooms in the centre. Access to the unit was limited to site workers only and health and safety tape and signs were in place. The location of the unit was not in close proximity to all other residents rooms which has minimised risks associated with noise and dust. Additionally the work involved was internal and not requiring extensive building works.

The layout of the proposed refurbished unit was viewed by the inspector and formed the judgement that when complete this unit will be in line with the requirements of the regulations and standards. The revised layout provided for two single and two twin bedrooms. There was storage space on the adjoining corridor and access to two toilets and shower areas for six residents. Although not en suite there was provision for a wash hand basin in each bedroom and a staff specific wash hand basin located in the immediate vicinity of the bedrooms. Each bedroom was noted to have a view overlooking aspects of the mature gardens with appropriate natural light. Sufficient space for residents and staff to mobilise with access for assistive equipment and

wheelchairs has been envisaged on completion.

The time scale for completion of this refurbishment has not yet elapsed and therefore an action plan has not been included in this report.

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:

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

Findings:

This action was fully addressed. The complaints procedure was prominently displayed throughout the centre and staff spoken with were knowledgeable on its content.

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:

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

Findings:

As referenced under outcomes 4 and 11 in documentation reviewed it was found that the nutritional status of all residents identified as requiring specialist input were reviewed by a dietician. The centre menu was also reviewed to determine its nutritional content and appropriateness in March 2014.

The catering manager in conjunction with the nursing team conducted a review of residents' diet preferences and intake over a one week period in February. This gave the catering team indicators on the amounts of food each resident would normally eat at

each meal and the type of food preferred. The catering team then compiled a list of the weights of normal daily foods contained on the menu such as porridge and other cereals, custard, scrambled egg and potatoes. Portion sizes were determined using the diet review, for example it was found that a portion of chips would normally be six, portions for items such as cereals or beans were weighed using standard bowl sizes for small and large. Scoops were similarly determined. The list was provided to the direct care team and has been found to provide a very accurate and specific tool to record residents' intake.

Recommendations from the dieticians review were found to be implemented including the increased servings of oily fish on the menu per week and the reduction of portion sizes to residents with a high body mass index (BMI).

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:

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

Findings:

The inspector found that a personal possessions list was in place for all residents. Lists were revised or a new list compiled in February 2014. All lists were noted to be signed by a member of the congregation on behalf of all residents who are religious sisters and this practice was reflected in a revised policy on possessions which indicated the belief system on which this was based.

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:

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

Findings:

On review of a sample number of personnel files it was found that outstanding documentation required under Schedule 2 were found to be in place.

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:

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Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St. Joseph's Nursing Home
Centre ID:	ORG-0000176
Date of inspection:	02/04/2014
Date of response:	25/04/2014

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 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:

A review of processes in place and equipment available to manage potential blood spillages had not been implemented and staff understanding remained inconsistent and unclear leading to risk of inappropriate management which poses a risk to both residents and staff.

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:

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

The Policy on management of potential body spillages has been updated and equipment has been put in place in different areas of the Nursing Home. The procedures to be followed have been agreed by the PIC in conjunction with the other Managers. The staff have been trained and the PIC is confident the staff are competent to implement the policy and procedures as is the Proprietor. The policy and it's implementation will be monitored regularly

Proposed Timescale: 18/04/2014