Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St. Francis' Nursing Home
Name of provider:	St Francis Nursing Home (Mount Oliver) Limited
Address of centre:	Mount Oliver, Dundalk, Louth
Type of inspection:	Unannounced
Date of inspection:	06 February 2018
Centre ID:	OSV-0000168
Fieldwork ID:	MON-0020758

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St Francis Nursing Home is a purpose built nursing home which accommodates a maximum of 25 female residents over the age of 65 years. The centre cares for their religious Sisters and also female residents from the community. The Nursing Home provides 24 hour nursing and residential care to those with medium, high and maximum dependencies. The centre is situated on extensive grounds, 3.2 km North of Dundalk. On the same site as the Mount Oliver Convent the centre has a separate entrance. The accommodation is laid out along two corridors; La Verna and Kevina. All bedrooms are single and have ensuite facilities. There are multiple rooms strategically situated throughout the centre for resident use. The centre also has an enclosed garden for private use. St Francis Nursing Home is a not-for-profit charity set up by the Franciscan Missionary Sisters for Africa.

The following information outlines some additional data on this centre.

Current registration end date:	11/03/2020
Number of residents on the date of inspection:	25

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
06 February 2018	10:30hrs to 19:30hrs	Una Fitzgerald	Lead
06 February 2018	10:30hrs to 19:30hrs	Leanne Crowe	Support

Views of people who use the service

Inspectors met with residents on an individual basis and also during group activities. Residents were highly complimentary when talking about staff, provided positive feedback about their daily lives and there was a strong sense of community within the nursing home.

Residents all reported that they felt safe and well cared for. They knew who the person in charge was and felt that the centre was their home. Residents said that they felt the management team actively involved them and asked their opinion on how the centre should be managed. Residents felt that the staff knew them well.

The centre had an activity schedule that residents felt catered for their needs. When asked if there were sufficient activities within the centre, residents were in full agreement that there was plenty of choice available. Residents felt that the activities held within the centre were meaningful and of personal value. For example, a group of residents showed the inspectors some of their artwork.

Residents knew what a care plan was and confirmed that they had been consulted with on any changes to their plan. Residents also felt that they had the right to refuse a treatment and that their decision would be supported.

Capacity and capability

Previous inspection findings in 2016 had a found major non-compliance in governance and management. On follow-up inspections, the required improvements had been completed. However, it was evident on this inspection that improvements had not been sustained.

Inspectors found clear evidence that the management team is working hard to ensure compliance with the regulations that will ensure better outcomes for residents. An external provider is working alongside the current person in charge to provide support in areas of policy development and establishing monitoring systems. The extra support from the external provider has been of benefit to the management team.

However, while inspectors saw evidence of progress in some areas, concerns

remained about the system in place for the management of risk.

- While the centre has a risk register, it was clear that the register was not specific to this centre nor was the management team familiar with it.
- Inspectors reviewed a comprehensive and detailed care audit. However, inspectors were concerned that the findings and gaps identified were not acted on in a timely manner.

Inspectors were concerned that the audit priorities were determined by the external support team rather than the management team. For example, when the person in change was asked what she felt was their biggest risk, she voiced concern on the management of resident falls. A falls audit was scheduled but was not prioritised.

The person in charge is well known to the residents. She displayed good knowledge of all of the residents individual care needs. She displayed good knowledge of regulatory requirements. However, the person in charge had not reported some incidents to HIQA as required by the regulations.

The person in charge told inspectors that there were sufficient resources within the centre. Inspectors observed that there were sufficient staff on duty to provide good care to residents. Staff meetings were held frequently and records of these were made available to all staff. Staff were well supervised on a day-to-day basis. Staff received training in a range of areas to support residents' needs. However, training records indicated that a number of staff had not completed initial training or updated training in mandatory skills such as fire safety, moving and handling procedures and safeguarding training. While the person in charge arranged training for these staff following the inspection, inspectors were not assured that the system for monitoring training needs was adequate.

A large number of records, required by the regulations, were held in the centre. Inspectors looked at a sample of these documents, including files held in relation to staff. Gaps were identified on written references. This was also found on the last inspection and had not been addressed.

Regulation 14: Persons in charge

There was a full-time person in charge, that met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff in the centre was sufficient to meet the assessed needs of the residents. A nurse was on duty in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Rfresher training was not always available in a timely manner to ensure staff members' knowledge remained up to date.

Judgment: Substantially compliant

Regulation 21: Records

Written references for one staff member were not present in their file.

Judgment: Not compliant

Regulation 23: Governance and management

The management systems require further development to ensure that the service provided is safe, appropriate and effectively monitored. An external provider has been providing support on the development of the Schedule 5 policies. Inspectors found evidence that the management was not familiar with the content of the new policies. Development work is required to ensure that the policies are specific to this centre. A new monthly auditing template has been designed and had recently commenced. However, inspectors found evidence that the audit schedule required review by the management team to ensure that auditing in key areas like falls management are prioritised. Inspectors also found that audit findings were not acted on in a timely manner. Findings were not being used to improve outcomes for residents.

There was an annual review of the service carried out in 2016. However, the review for 2017 to inform the quality and safety of care delivered to residents in consultation with the residents and their families had not been commenced.

Judgment: Not compliant

Regulation 3: Statement of purpose

There was a Statement of Purpose relating to the designated centre that contained the Information set out in Schedule 1 of the regulations. The person in charge was aware that a review is required at intervals of not less than one year.

Judgment: Compliant

Regulation 31: Notification of incidents

HIQA had not been informed of all notifiable incidents to the Chief Inspector as required under the regulations. The person in charge informed the inspector of incidents that required residents to be transferred to the acute setting for assessment, but these had not been notified to HIQA.

Judgment: Not compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed in a prominent position in the centre. The complaints procedure was accessible and effective. Residents confirmed that all complaints are listened too and acted upon.

Judgment: Compliant

Quality and safety

The centre is homely and inviting. Walking along the corridors is a pleasant experience. Residents were supported to experience a good quality of life in this centre. Inspectors observed that the privacy and dignity of each resident was respected. The choices they made in relation to their lives were facilitated on a daily basis. This was demonstrated by staff members knowing individual residents' needs, personalities and preferences.

Residents availed of a varied activity programme including arts and crafts, music and other games. Activities developed for people with cognitive impairments formed part of this programme, and this had a positive impact on those who participated. Residents' links with the community were maintained where possible, and this was

supported by access to local media, Internet and telephone services. Frequent visits from members of the adjoining convent, local schools and an active retirement group were also well-received by residents.

There were systems in place to maintain residents' safety in the centre. There was a process for reporting and investigating any allegations or suspicions of abuse. However, timely access to safeguarding training required review to ensure that training was up to date for all staff who have resident contact.

Residents in the centre spoke highly about the staff who cared for them on a daily basis. Staff interaction with residents was observed to be kind and friendly. Staff were familiar with the residents and addressed them in a respectful way. Inspectors reviewed multiple resident files and also spoke with the residents. Overall, findings were positive. The information in the files was person centered and specific individual likes and dislikes were not only recorded but the information was known to staff. For example, a resident's preferred name as opposed to Sister.

The person in charge visited prospective residents prior to admission. This arrangement gave the resident or their family an opportunity to meet in person, provide information and determine if the service could adequately meet the needs of the resident. On admission all residents had been assessed by a registered nurse to identify their individual needs and choices. The assessment process used validated tools to assess each resident’s dependency level, risk of malnutrition, falls risk and skin integrity. Clinical observations such as blood pressure, pulse and weight were assessed on admission and as required thereafter. Each resident spoken with was knowledgeable about what a care plan was and confirmed that the nursing team consulted with them on all changes to their plan.

Residents’ health care needs were met through timely access to treatment and therapies. Residents have access to a general practitioner (GP) and allied health-care professionals. There was good evidence within the files that advice from allied health care professionals was acted on in a timely manner. The centre had a treatment room available for all clinical interventions that were required such as dressing changes or review by a doctor. Residents’ personal bedroom space was kept private and used only if it was their choice.

Inspectors observed multiple occasions of staff and resident engagement throughout the day. The centre cares for residents who have responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Inspectors reviewed the file of one resident and found the detail recorded was comprehensive. Interactions observed by staff with this resident were patient and displayed good knowledge of the resident.

Medicines were appropriately prescribed and administered to residents. These medications were reviewed regularly by the resident's GP and changes were made where required. Residents were not rushed when taking medications. The opportunity for medicine administration was used as a opportunity to engage and converse with residents. Medications were stored and managed in line with relevant

legislation and guidelines. A local pharmacist provided training in relation to medicines. Records relating to medication management were well-maintained.

The food served in the centre was enjoyed by residents, as observed during mealtimes and in feedback from residents. Menus available showed that dishes were varied and nutritious, and served in an appetising manner. Catering staff were extremely knowledgeable of residents' special dietary requirements, but also of their individual tastes and preferences. Attentive assistance was also provided by staff during meals. Overall, this ensured that mealtimes were a positive experience for residents.

Fire safety management in the centre met with regulatory requirements. While some gaps were seen in the training of staff, inspectors did note that all staff when asked knew how to respond in the event of a fire. Records of fire drills were detailed and some residents had taken part in fire drills.

Residents' bedrooms are personalised. Residents confirmed that their bedrooms are cleaned daily. Staff spoken with were knowledgeable on the cleaning system in place and the importance of ensuring that the cleanliness of the centre is maintained. There are hand hygiene soap dispensers strategically placed along all corridors.

Regulation 18: Food and nutrition

Residents were provided with a varied, wholesome and nutritious diet that was properly prepared, cooked and served. Residents' special dietary requirements and their personal preferences were complied with. Fresh drinking water, snacks and other refreshments were available at all times. Residents received assistance and support from staff when it was required.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge has ensured that the process in place for when a resident is temporarily absent or transferred to or from another setting captures all the relevant information about the resident.

Judgment: Compliant

Regulation 26: Risk management

The centre had a risk management policy dated October 2016. The risk policy contained all of the information required under 26(1) of the regulations. The risk register reviewed by the inspector was not specific to this centre. The management team informed inspectors that this document is under development and will be prioritised as a result of the findings.

Judgment: Substantially compliant

Regulation 27: Infection control

Inspectors noted that the centre was cleaned to a high standard. Procedures in place were consistent with the standards for the prevention and control of health-care associated infections published by the HIQA.

Judgment: Compliant

Regulation 28: Fire precautions

The management of fire safety in the centre was comprehensive. Quarterly servicing was completed. The fire alarm was checked weekly. Daily checks on exits were carried out throughout the premises. Residents confirmed that they had been involved in fire drills. The records were very detailed and comprehensive.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The systems in place for the management and administration of medication were appropriate for the residents in the centre. The person in charge facilitated the pharmacist in meeting their obligations to residents, in line with relevant legislation and guidance.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

All resident files had a comprehensive assessment on admission and care plans were

developed based on assessed need. There was good evidence that residents are involved in the reviews every four months as per the regulations.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a GP and allied health-care professionals. Advice received was acted upon in a timely manner.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors reviewed files and observed that residents who exhibited responsive behaviours received care that supported their physical, behavioural and psychological wellbeing.

The centre's management was promoting a restraint-free environment. Inspectors reviewed resident files and found good evidence that alternative measures were tried and consent was obtained when bed rails were used. Staff monitored residents with bedrails in place on an hourly basis. There were no gaps in the hourly monitoring.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to support the identification, reporting and investigation of allegations or suspicions of abuse. However, training records indicated that a number of staff had not completed initial or up-to-date training in the prevention, detection and response to abuse. This was discussed with the person in charge, and it was confirmed that training was planned in the weeks following the inspection.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights, privacy and dignity was respected by management and staff throughout the centre.

Residents were aware of their rights, including, civil, political and religious rights. These rights were respected by staff, and residents were supported to exercise their choices as much as possible. Advocacy services were available to assist residents where required.

Residents were facilitated to maintain their privacy and undertake any personal activities in private.

Residents' access to the community was maintained in so far as possible, and this was also facilitated by access to local media and aids such as telephone and Internet.

Residents were supported to engage in activities that aligned with their interests and capabilities, and facilities for these were available in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Francis' Nursing Home OSV-0000168

Inspection ID: MON-0020758

Date of inspection: 06/02/2018

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Update of Fire Safety for 2 staff completed on 15th Feb. 2018. People Handling for 2 staff completed on 16th Feb. 2018. Third staff member to attend People Handling Course on 6th April 2018. Safeguarding the Vulnerable Person for 13 staff completed on the 13th/15th/20 of Feb. 2018. One employee as left his employment at the Nursing Home. To remain compliant with Mandatory Training in the course of the annual appraisals we are ensuring that the individual staff member will be informed of their Mandatory Training Status and the month of expiry.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Two references by former employees have been obtained for staff member who was found to have no references and are in Personal Staff File. Compliance with references from prior employees have been added to our check list used for hiring new employees.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

management:

We are in the process of reviewing our Policies to ensure that they dovetail more completely with the Assessment Tools of EPIC and the variances of our Policies in order to provide best practice. Because this review needs to be completed by Clinical Nurses a reasonable time frame would need to be completed by 31st May 2018. In doing this we will continue to include ongoing Medical Assessments and MDT input. Ongoing audits will continue to be utilized to assess theory vs. practice. We are using the two platforms through daily handover to staff and staff meetings which assess the implementation of our Policies and the prioritizing the needs of the residents

In order to maintain compliance in Governance and Management we will ensure that all levels of staff are fully aware of the varied tools that are being used/deleted due to repetition between our Policies and Epic systems. The role of delegating is to be explored in order to share out responsibilities that don't necessarily have to be carried out by senior management. Patient centered care will continue to be our priority, and residents informed of any changes and also asked for their input in the daily running of the Nursing Home.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

Three incidents in relation to residents that were not sent in under NF03 were submitted to HIQA one day post inspection, 07/02/2018.
Quarterly Notification was also amended and sent in to HIQA following the Inspection.

Compliance for sending in required Notifications will be adhered to by the guidance of HIQA regulations.

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
Our Health and Safety Statement has been amended to be more Centre Specific as of Feb. 2018.Our risk register is in the process of including each resident in order to prioritize the potential risks that could cause undo harm to an individual. This will be completed by 06/04/2018.
Our internal Managing Total Safety (MTS) system continues to be in use and is available to all staff to highlight and type of risk/hazard.
With regard to our Risk Register there will be regular updating of this Register as a result of input from both Staff and Management meetings.

Compliance in Risk Management has been addressed and a Team of staff members has been co-ordinated to include PiC, Maintenance Manager, Staff Member from Housekeeping to meet on a weekly basis. This is to commence the May 1st, 2018.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Safeguarding the Vulnerable person has been updated by 13 staff members held over three dates in February 2018, 13/15/20. Compliance for Mandatory Training as stated above will be highlighted in Annual Appraisals and the continuing updating as an ongoing process.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	Except for 1 staff member all training has been completed, date for last training 06/04/18.
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Yellow	Completed and complied with. 03/2018
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/05/2018

Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Yellow	05/04/2018 completed and complied.
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	01/05/2018
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Yellow	Completed and complied with 7/02/2018
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection	Substantially Compliant	Yellow	Completed and complied with, 13,15,20 /02/2018

	and prevention of and responses to abuse.			