

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



Health  
Information  
and Quality  
Authority

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

<b>Centre name:</b>	St Dominic Savio Nursing Home
<b>Centre ID:</b>	450
<b>Centre address:</b>	Liscannor
	Co Clare
<b>Telephone number:</b>	065 7081555
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<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Desdemona Smith
<b>Person in charge:</b>	Desdemona Smith
<b>Date of inspection:</b>	23 September 2009
<b>Time inspection took place:</b>	<b>Start:</b> 10:20 hrs <b>Completion:</b> 20:25 hrs
<b>Lead inspector:</b>	Nan Savage
<b>Support inspector(s):</b>	Carol Grogan
<b>Type of inspection:</b>	<input type="checkbox"/> <b>Registration</b> <input checked="" type="checkbox"/> <b>Scheduled</b> <input checked="" type="checkbox"/> <b>Announced</b> <input type="checkbox"/> <b>Unannounced</b>

## About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland 2009* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

**Evidence of good practice** - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

**Some improvements required** – this means that practice was generally satisfactory, but there were areas that need attention.

**Significant improvements required** – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website [www.hiqa.ie](http://www.hiqa.ie).

## Acknowledgements

Inspectors wish to acknowledge the co-operation and assistance of residents, relatives, provider and staff during the inspection.

## About the centre

### Description of services and premises

St Dominic Savio Nursing Home is a bungalow which opened in 1994. It provides long term residential care, convalescence care and respite care to people from the local community. It can accommodate a maximum of 28 residents and there were 25 residents on the day of inspection. The majority of residents are over 65 and four residents were between the ages of 40 to 65.

There is an entrance area with seating provided. The entrance leads to residents' communal space comprising of a day room, a dining room and a small sitting room for visitors. The dining room can accommodate approximately 16 residents and the kitchen is located off the dining room.

There are a total of 28 bedrooms for residents. There are 25 single rooms, nine of which have en suite facilities. There are two three bedded rooms and one four bedded room. One of the three bedded rooms has an en suite while the other three bedded room and four- bedded room do not. The majority of residents' bedrooms are on two long corridors. One of the three bedded rooms and four- bedded room are located directly off the day room. There are two shower rooms with toilet and hand-wash facilities for residents while a third bathroom is used as a staff and visitors' toilet.

Car parking is available to the front and rear. The garden at the front consists of a lawn and is planted with shrubbery and was accessible to residents. There are views of the Atlantic Ocean from the rear.

### Location

St Dominic Savio Nursing Home is situated in a rural setting just off a narrow country road and approximately one mile from the village of Liscannor in County Clare.

<b>Date centre was first established:</b>	01 May 1994
<b>Number of residents on the date of inspection</b>	25

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	6	9	8	2

## Management structure

The Person in Charge is Desdemona Smith who is also the Registered Provider. She will be referred to as the person in charge throughout this report. Anne Tovey is the assistant person in charge. She reports directly to the person in charge and deputises for her. Three senior nurses report to the assistant person in charge while the care assistants and cleaners report directly to the nurses. The chef reports to the person in charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	3	6	1	1	0	1

## Summary of findings from this inspection

This was the first inspection of this centre, it was unannounced and carried out over one day. Inspectors met with residents, relatives, the person in charge and staff on duty. Inspectors reviewed a number of documents such as training records, care plans, policies and procedures including the medication policy. They also observed the practices of the staff in caring and supporting residents.

Inspectors found the person in charge to be committed to the welfare of residents. She led by example, working directly with residents. She had an in depth professional and personal knowledge of them. However, there was an informal type of governance and gaps in the systems needed to support the quality of the service and ensure residents' safety.

The centre was warm, bright and nicely decorated with domestic type furniture. However, the communal accommodation provided was not adequate for the number of residents and their needs. Arrangements for infection control were inadequate.

Staff were knowledgeable about their roles and responsibilities. Practices demonstrated a good standard of person-centred care. More independent residents were provided with opportunities to engage in events and activities that promoted a fulfilled and active life, but this was not the case for more dependent residents. There were sufficient staff members on duty to meet residents' needs.

Inspectors were satisfied that the general nursing, medical and other healthcare needs of residents were met. Peripatetic services including chiropody and physiotherapy sessions were organised by the nursing staff for residents.

The person in charge met some of her obligations under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. Some areas needed improvement including a schedule of meaningful activities for dependent residents, the quality of documentation, the development of staff meetings and establishing a resident's forum. A number of other matters required significant improvement such as risk management, medication management, fire training, infection control and the process of care planning assessment.

The action plan at the end of this report identifies areas where improvements are required in order to meet the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

## Residents' and relatives' comments

Inspectors spoke to residents and interviewed five residents and one relative in depth. On the day of the inspection, three relatives visited. Two relatives completed the relative questionnaire. Inspectors joined residents for lunch and listened to residents' views. Residents were invited by inspectors to speak with them during the inspection if they wished.

### Residents

Residents told inspectors that they were well cared for by staff and that they felt safe and secure. They commended the staff saying that they "were very good and kind to them" and that they "couldn't do enough for you". One resident also said that the "matron was very kind and genuine" and understood his circumstances.

Residents stated that the care at night time was very good and that staff responded quickly to call bells.

Residents said their bedrooms were comfortable and that they were able to bring in their own personal belongings.

One resident, who spent most of her day sitting in her bedroom and had her meals there, said that she "liked her bedroom very much and could see people coming and going all day". When asked where she preferred to have her meals, she commented that she was happy to have them in her bedroom, but would "like as a change sometimes to sit in the dining room for meals as well". Residents consulted said that they could choose when to get up in the morning and could have breakfast in bed if they liked. One resident said that she "wouldn't dream of going to bed during the day in case I miss something and there is always someone singing or telling stories".

The majority of residents spoken with said they "were very happy with the food provided". One resident stated that she "always enjoyed the food" while another resident said that "the food was plentiful and of good quality". Another resident said that "it was quite good, but that there was no choice". Other residents confirmed this saying "there was no meal choice provided at dinner time". One resident said that "if they didn't like something they could ask for something else".

A resident, who enjoyed reading, mentioned that he got the papers every morning. Another resident said she liked to listen to the radio in her bedroom and also read the papers provided. A number of residents said they had their own mobile phones. One resident, who had been there for two months, stated that she was "delighted to go on a day out with the matron to Lisdoonvarna and the Cliffs of Moher". The matron promised to take her out again. Some residents with higher dependency levels informed inspectors that there was not much to do. Residents confirmed that the rosary took place every morning in the day room and that the priest said mass once a week.

Residents were generally pleased with the laundry services provided in-house. Two residents mentioned that family members laundered their woollen clothes. One resident reported that the clothes sometimes got mixed up and that not all the clothing was marked.

Residents stated if they had a complaint they would speak to one of the nurses or the matron.

### **Relatives**

Relatives who were interviewed and who completed a relatives' questionnaire felt there were adequate numbers of staff on day and night duty. Their relatives were cared for in a respectful manner by staff. One relative stated "how lucky we are to have a centre like it" and that "the nursing care is excellent, if I got sick tomorrow I would like a bed here". Visitors informed inspectors that they were made to feel very welcome by staff.

Another relative did not know what choices were available for their family member's routines and daily living.

The relatives who were interviewed, and those who completed a questionnaire, had not made a complaint. They said that if they had to make a complaint they would make the complaint to the person in charge or a nurse. One relative stressed that she "had no need to complain", but should it ever arise she would consult with the matron.

## Overall findings

### 1. Governance: how well the centre is organised

**Outcome:** The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

**Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.**

#### Evidence of good practice

The person in charge rosters herself to work during the week and at weekends in order to optimise supervision and managerial cover. She also stated that, by working weekends, she can get to meet and talk with many of the relatives. She lives in a separate house on the same grounds and stated that she was available out of hours and at short notice, and this was confirmed by staff interviewed.

An organisational chart detailing the overall reporting structure was available. The insurance certificate was reviewed and was up-to-date. A health and safety statement and risk management policy had been developed.

The person in charge demonstrated an in-depth knowledge of each resident and displayed a strong commitment to the provision of person-centred care.

#### Some improvements required

All residents were recorded in the directory of residents but it did not contain all the required information as outlined in schedule 3 in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Residents' contracts of care were reviewed by inspectors. These contracts did not contain all the necessary information as specified in the regulations and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

An inspector reviewed the incident and accident forms and found them to be comprehensive. All sections were fully completed including the next-of-kin and General Practitioner (GP) review sections. There was no evidence of analysis or risk rating system, outcomes or a formal auditing and monitoring system to ensure learning took place and improvements in practice were made.

The assistant person in charge had responsibility for record management. On the day of inspection the person in charge had difficulty locating a number of policies and records. She was unfamiliar with the filing, storage and management of records in use.

### **Significant improvements required**

The person in charge was very committed to residents and the service she provided. Her personal, informal management and leadership style had both strengths and weaknesses. The service was person-centred and residents were very satisfied with it. However, the person in charge did not have key policies such as the provision of information to residents, an admissions policy, management of records, and absence of residents from the centre. Some procedures were in place but did not comply with regulations.

The person in charge and the staff were not aware of the Health Act, 2007 and Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and there were no copies available.

Residents and relatives expressed confidence about talking through any issues with the person in charge. However, there was no complaints policy available and no complaints procedure displayed. There was no register of complaints maintained and so the person in charge and staff could not audit or monitor complaints. There was no opportunity for staff learning and service development as a result. The person in charge informed inspectors that she had ordered a comment or suggestion box which she intended to make available.

A statement of purpose was not available.

Fire training records were viewed by inspectors. The last fire training recorded in the register was carried out in August 2008. No date had been scheduled for any further training in fire safety and evacuation. The fire officer had inspected the premises on the 27 November 2008. A number of matters identified by the fire officer were not fully addressed on the day of inspection.

The provider did not have all of the policies required under section 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. Other policies reviewed were not relevant to the specific needs of residents such as the policy on 'disturbed behaviour in adults and children'.

There was no formalised system and process in place to manage and document residents' finances. The person in charge had responsibility for the safe keeping of some residents' day-to-day money. This money was locked in a press and kept in envelopes with the balance recorded on the outside of the envelopes. This system was vulnerable to error, loss of money, and did not allow for the auditing of records.

## 2. Quality of the service

**Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.**

**A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.**

### Evidence of good practice

Inspectors observed practices which promoted respect and dignity for residents. The person in charge took time to introduce inspectors to residents with the exception of one resident who was not available at the time. The person in charge explained to inspectors how each resident liked to be addressed. Inspectors observed staff addressing residents as the person in charge had outlined.

Residents engaged very well with each other. One resident asked another resident who had restricted mobility if he could get her a drink of water. Residents also had water jugs in their rooms and they were encouraged to take drinks throughout the day.

Staff were attentive and patient when carrying out personal care and provided residents with assistance if required during meal times. Throughout the day, staff members were observed interacting with residents in a very positive way by spending time and chatting to them. Two residents mentioned that they "like a drink" in the evening and that staff would give them a glass of liqueur or a vodka and coke. It was observed that they felt very comfortable, confident and relaxed. Staff members conveyed a sense of pride when speaking with inspectors. The staff said that they viewed residents as important individuals and had developed positive relationships with them. Staff said that they were supported to attend residents' funerals or months' mind mass. Staff also brought in birthday cakes for residents. Celebrating residents' birthdays was encouraged and relatives were involved.

In an effort to ensure residents had fulfilment in their daily life, the person in charge arranged social events for the more independent and mobile residents which included trips and outings. Residents who choose to go outside for a walk had access to the key code at the main entrance. During the day, some residents were observed going for a walk outside under the supervision of staff.

Meaningful spontaneous events took place during the day for residents who were able to participate. Throughout the day, inspectors observed some residents seated at the entrance area singing and joking with each other. A staff member was observed encouraging one resident to recall parts of a song which they then

proceeded to sing together. Staff and visitors informed inspectors that singers and dancers occasionally entertain residents and local carol singers visited at Christmas time. Continual supervision of residents was evident throughout the day.

Inspectors observed and joined residents at mealtimes. The atmosphere during in the dining room was sociable and very relaxed. An inspector sampled the food that the more independent residents were eating and found it to be well flavoured and suitably hot. The circular dining room tables aided conversation and interaction between residents. Residents who chatted with inspectors during and after mealtimes said they were happy with and enjoyed their meals. A number of residents said that the bacon and cabbage served for dinner was their favourite meal and they had requested it to be served twice a week. One resident was observed having a glass of red wine with dinner. Staff on duty checked with residents if they wanted more food or refreshments during the meal.

Some residents required the assistance of staff during dinner. A staff member sat beside residents and assisted them in a caring and unhurried manner.

There was a tape of the rosary playing for residents after breakfast. Inspectors observed some residents joining in the rosary. Residents and staff said that saying the rosary takes place every morning after breakfast in the day rooms and residents could attend if they wished. Residents also said that they looked forward to this and to mass taking place every Thursday.

Arrangements were in place to support residents to exercise their rights. They were provided with information and encouraged to vote on the Lisbon Treaty. Residents who were not able to travel to the polling station were facilitated to vote in-house.

Hairdressing is provided in-house by two nurses, or if a resident prefers their own hairdresser this is facilitated by the provider. Beauty treatments for the female residents were also provided. All residents were well dressed and their clothes were ironed and in good condition.

### **Some improvements required**

Although some residents chose to have their meals in their bedrooms, the dining room was limited in size and could only accommodate up to approximately 16 residents. As a result the majority of dependant residents remained in the day room to have their meals.

During dinner all residents were wearing 'bibs' to protect their clothing. Residents were not given an alternative choice such as the using a serviette. Inspectors were informed by the person in charge that serviettes were no longer used because they had been discarded into the toilets and blocked them.

There were no planned recreational or social activities for residents who needed greater support. Some residents who are cognitively impaired were observed sitting for long periods of time in their bedrooms or in the day room without any meaningful stimulation. When asked about activities, some staff commented that they would like

to see more activities for residents such as painting, card playing, singers and musicians coming in more regularly and the provision of recreational stimulation for all residents.

There was no lockable facility storage place available in the residents' bedrooms.

There was no means of consulting with residents and involving them in the day-to-day running. There was no advocacy group or residents' representative group in place.

### **Significant improvements required**

Residents were not offered a choice for the main meal of the day. There was one main meal provided and residents did not know what was on the menu from day-to-day. Although the dinner menu for the day of inspection was printed in large writing and available in menu booklets on the dining tables, there was no evidence of a menu planning process in place. There was no menu available or displayed for the evening meal. Meals were presented to all residents on a tray on covered plates and were served with sauce even though residents were not asked if they would like it. Modified meals, for residents with poor swallowing reflex, were presented in an unappetising manner. The main course and dessert were served at the same time to residents who were having their meals in their bedrooms.

Staff knocked and waited for permission to enter residents' bedrooms. However, the glass windows in residents' bedroom doors were not screened and this did not give residents complete privacy. An inspector was able to see a resident receiving personal care through the glass panel as she walked down the corridor.

### **Minor issues to be addressed**

Some residents and staff commented that a limited number of channels were available on the television in the day room.

### **3. Healthcare needs**

**Outcome: Residents' healthcare needs are met.**

**Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.**

#### **Evidence of good practice**

Staff told inspectors that residents were reviewed on a regular basis by their GPs and the medical records verified this. Local residents were able to keep their own GP while one GP took over new residents from outside the area. The provider used the out-of-hours GP services. Residents and staff reported they were satisfied with the GP services provided. Staff demonstrated a very good knowledge of residents' medical and nursing history. It was evident from observation and discussions with staff, that they interacted well with residents, and knew residents' social histories and preferences very well. Residents had access to peripatetic services as required. On the day of the inspection, one resident received a visit from the chiropodist.

Residents' links with the local community were promoted. One resident was facilitated to attend Ennistymon day centre every Wednesday. The resident commented that she really enjoyed going there and got to meet new people and other friends. During the inspection, this resident was collected to attend the day service.

Some residents informed inspectors that they were supported and encouraged to walk during the day. Staff were observed assisting residents to mobilise throughout the day.

#### **Some improvements required**

Information about the dietary requirements of residents was provided to the chef by the staff. While the chef was very knowledgeable about residents' dietary needs, including those residents who were on modified and special diets, there was no documented evidence available in the kitchen department to record this information.

The current policy did not meet best practice as it had not been updated to reflect An Board Altranais Guidance to Nurses and Midwives on Medication Management, 2007. However, the provider was in process of drafting a new policy which the inspector reviewed.

## Significant improvements required

Inspectors reviewed the current medication management policy and observed the medication practices and systems in place. Inspectors observed a number of deficits that included the following:

- residents' medications were dispensed into medicine containers and brought to residents on a tray. This posed a risk as the wrong medication could be administered to a resident. These medicine cups were uncovered and medicines would be lost if the medication tray were dropped
- all medications were not stored safely. Inspectors saw a basket of medications located on an open shelf in the nurses' station and inspectors observed that the door to the nurses' station was unlocked
- residents interviewed did not know what medications they were taking and for what purpose
- with the exception of controlled drugs, the disposal of medications was not appropriately documented and signed off by a nurse and the pharmacist.

The majority of residents' care plans were devised without a comprehensive assessment being completed and were not based on the assessed needs and wishes of each resident. These existing care plans were not developed with the resident and they did not have access to their care plans. Three resident's files were reviewed by inspectors. There was no comprehensive assessment of need undertaken on admission. The nutritional status of residents was not being monitored. A number of residents were not weighed on admission and weights were not routinely monitored and recorded. Residents did not have risk assessments to identify their dependency levels, moving and handling requirements, pressure sores, nutrition or risk of falls. The care plans did not address the personal, social and spiritual needs of residents. There was no process in place to review care plans on a regular basis. One resident did not have any care plan.

## **4. Premises and equipment: appropriateness and adequacy**

**Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.**

**A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.**

### **Evidence of good practice**

The premises were bright, nicely decorated and welcoming. Rooms were furnished with comfortable chairs and lots of framed paintings of sea scenes and landscapes. There were potted plants in the communal areas. Religious items including a cross and religious pictures were also displayed.

Residents who shared a bedroom stated they were very happy to do so and were very comfortable in their room. Privacy was provided for each resident in these rooms through the use of curtain screens. Residents' bedrooms were personalised with photographs, pictures and personal belongings such as bed throws.

Protective clothing was provided to inspectors before entering the kitchen. Food supplies were stored appropriately in the kitchen. Adequate controls were in place for food deliveries, refrigerated and ambient storage, food preparation and cooking. Food safety related documentation was available and these records were up to date. Sufficient supplies of fresh fruit and vegetables were stocked in the kitchen.

Staff demonstrated an understanding of food safety controls. They did not enter the kitchen without wearing suitable clean protective clothing. This was particularly evident when one resident, who had chosen to have his tea later in the evening, was facilitated by a member of staff who adhered to strict hygiene controls whilst preparing his meal.

Adequate and appropriate assistive equipment including specialised seating and mobility aids, were provided and used by residents.

A generator was available as a back up in the event of a power cut.

### **Some improvements required**

There were no equipment maintenance or service records available on the day of inspection. Inspectors were informed by the person in charge that servicing and maintenance of equipment was undertaken by a local person. No documentation or records were maintained.

Access to the kitchen was not controlled in the evening time which created a potential risk to one resident in particular who wandered. A risk assessment was not undertaken to identify and control the risk of the resident sustaining an injury.

The television located in the day room was positioned in a corner of the room which restricted residents' viewing. During the inspection, two residents were observed trying to watch the television from an awkward and uncomfortable angle. The person in charge agreed that the television was placed in the wrong location and she was making arrangements to have it relocated to a more central position within the room.

Inspectors observed inadequate storage space for residents' assistive equipment. Two wheelchairs were stored in front of the nurses' station near the entrance and another wheelchair was stored in the sluice room.

The smoking area was located at a seating area beside the main entrance. Cigarette smoke was drifting through the entrance area and into two nearby resident bedrooms.

### **Significant improvements required**

There were a number of issues, which posed a risk to residents, these included:

- The electrical press was also being used as the linen storage press which could pose a fire risk
- an inspector observed the entrance area and corridor floors being washed. There were no caution signs displayed to alert residents and visitors about the slippery floor
- cleaning chemicals were not stored appropriately. They were stored in the sluice room and outside shed, both of which were unlocked.

The systems in place to manage infection control were inadequate. The infection control policy was not fully reflected in the practices. The policy was not signed, dated and authorised for use. The cleaner when interviewed was not aware of the policy on infection control and confirmed she had not received infection control training. The person in charge told inspectors that she was implementing a process to ensure staff read and understood the policies once implemented.

Inspectors identified a number of practices and lack of facilities which were not in line with best practice recommendations in infection control. These included:

- A cloth hand towel was being used by staff to dry their hands after hand washing at the nurses' station. Staff confirmed this was the regular practice
- inspectors were informed that pocket size alcohol gels were carried and used by care assistants and nurses. Although one staff member stated these gels were used, inspectors did not observe any staff member using the gels during the inspection
- staff changing facilities were not provided for staff resulting in staff wearing their uniforms to and from work.

There was a cleaning system in place whereby colour coded mops were to be used to clean specific areas. Inspectors observed that these mops were used in all areas and not used exclusively for specific areas. The cleaner and chef had different understandings about the use of colour coded mops in the kitchen.

A cupboard was used to store a cleaning brush, dust pan and cleaning chemicals for the kitchen. All cleaning equipment including the mop and bucket for the kitchen was stored in the laundry room. A wash-basin was not provided in the laundry room.

Hand washing and paper towels were not provided at the wash-basin in the sluice room. There was no bed-pan washer available.

## **5. Communication: information provided to residents, relatives and staff**

**Outcome: Information is relevant, clear and up to date for residents.**

**Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.**

### **Evidence of good practice**

The line management structure, the direct involvement of the person in charge, together with the small size of the premises, supported ongoing communication between residents, staff and the person in charge.

Inspectors noted the effective and positive communication between staff and residents. Staff were aware of the importance of seeking consent and respecting confidentiality. They asked residents' permission before discussing their respective care plans with inspectors'. Two care assistants were observed using a hoist to transfer a resident from chair to bed. They reassured the resident by continually communicating, asking how she was feeling and if she was comfortable.

Residents knew staff members names and their roles. Two residents introduced inspectors to staff.

All residents spoken to said they were given use of the house mobile phone if they wished to make a call.

### **Some improvements required**

A resident's guide was not available. The person in charge stated that she was currently developing this guide. Relatives were not provided with any written information such as a brochure. A brochure had not been produced. Some of the relatives stated that they decided to choose this centre based on good feedback received from other residents and what they saw themselves when visiting residents.

There was no formal communication process for staff. There was a report/handover at the beginning of each shift. Day-to-day issues were discussed and dealt with informally. Staff interviewed stated that there were no general staff meetings held between the person in charge and the staff.

Staff informed inspectors that meetings were held regularly between the staff, residents and relatives, about their required needs and planned care. There were no records of these meetings maintained. Residents and relatives spoken with were not aware of care plans and stated they did not participate in the care planning process.

## **6. Staff: the recruitment, supervision and competence of staff**

**Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs**

**Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.**

### **Evidence of good practice**

Staff informed inspectors that they enjoyed their work and highlighted that the "family-type relationship" they had with residents as being the main source of job fulfilment. The majority of staff members had worked in the organisation for many years indicating a very low staff turnover. No staff member had left in the previous twelve months.

There was evidence that training and development opportunities were provided to staff. Inspectors reviewed training records and noted that all staff had received moving and manual handling training. A staff member confirmed to inspectors that she is currently training as a manual handling instructor. The person in charge stated that this staff member would provide refresher in-house training to staff on moving and handling. The person in charge informed an inspector that one nurse was completing a course in Gerontology. This nurse had brought back course material and learning. The person in charge also told inspectors that there were plans to provide training on person-centred care to staff.

Staff were able to explain their roles and responsibilities clearly to inspectors. They also identified who was responsible for their supervision and line management.

One care assistant came in on her days off as a voluntary worker. During this time she is assigned to interact and socialise with some residents who have higher dependency levels. She makes this contribution to the 'twilight shift' which crosses over between the day and night shift from 17:00 hrs to 23:00 hrs Inspectors observed this during the inspection. Her contribution enhanced social interaction for dependent residents at a busy time in the day.

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	Co Clare
<b>Telephone number:</b>	065 7081555
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<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Desdemona Smith
<b>Person in charge:</b>	Desdemona Smith
<b>Date of inspection:</b>	23 September 2009
<b>Time inspection took place:</b>	<b>Start:</b> 10:20 hrs <b>Completion:</b> 20:25 hrs
<b>Lead inspector:</b>	Nan Savage
<b>Support inspector(s):</b>	Carol Grogan
<b>Type of inspection:</b>	<input type="checkbox"/> <b>Registration</b> <input checked="" type="checkbox"/> <b>Scheduled</b> <input checked="" type="checkbox"/> <b>Announced</b> <input type="checkbox"/> <b>Unannounced</b>

## Provider's response to inspection report

<b>Centre:</b>	St Dominic Savio Nursing Home
<b>Centre ID:</b>	450
<b>Date of inspection:</b>	23 September 2009
<b>Date of response:</b>	26 November 2009

### Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

#### 1. The provider is failing to comply with a regulatory requirement in the following respect:

Medication management was not in accordance with current regulations, guidelines and legislation for the safe storage, administration and disposal of all drugs.

#### Action required:

Put in place suitable arrangements, appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the storing and administration of medication and for the handling and disposal of unused or out of date.

#### Reference:

Health Act, 2007  
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We are developing a policy and procedure for medication management in line with current legislation including information to residents regarding their medication. This will include:</p> <ul style="list-style-type: none"> <li>▪ Photographic identification attached to individual prescription cards</li> <li>▪ a locked medicine trolley will be provided</li> <li>▪ current shelves' in the nurses' station will have locked doors fixed to them</li> <li>▪ we are also developing a new policy and procedure for the safe disposal of not-in-use medication.</li> </ul>	07/01/2010

<p><b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>There were no comprehensive assessment and the needs of residents were not set out in an individualised care plan developed and agreed with each resident. There was no evidence of a system in place for consultation with the resident in devising and reviewing their care plans. There were no records of the review of residents' care plans.</p>	
<p><b>Action required:</b></p> <p>Set out each resident's needs in an individualised care plan, developed and agreed with each resident. Make the care plan available to residents and formally review the care plan with residents as required.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 6: General Welfare and Protection  Regulation 8: Assessment and Care Plan.  Standard 11: Residents' Care Plan</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Policies and procedures are currently being developed with comprehensive assessment to be completed on the needs and wants of the resident.</p> <p>These care plans will be available to the resident on request.</p>	28/01/2010

<p>We will have a tool in place to address the nutritional status of the resident.</p> <p>We will review resident weighing policy.</p> <p>Our new documentation will include a tool for risk management, dependency levels, pressure sores and wound care with review process.</p> <p>A plan of action has been implemented to complete three individual care plans a week with each resident.</p>	
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<p><b>3. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>An electric panel for the centre is located in the linen press.</p> <p>Matters outlined in the fire officers report dated 27 November 2008 were not fully addressed.</p> <p>Fire training was not up to date.</p>	
<p><b>Action required:</b></p> <p>Obtain written confirmation from the fire safety officer that the linen press which also contains the electrical panel does not pose any fire safety risk.</p> <p>Action the remaining matters identified by the fire officer.</p> <p>Provide fire training for all staff members.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 32: Fire Precautions and Records  Standard 26: Health and Safety</p>	
<p><b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Fire safety officer will provide a statement that all works have been completed regarding fire safety.</p> <p>Electrical panel in linen press. (A copy of the national rules for electrical installation certificate has been sent by post).</p>	<p>20/12/2009</p> <p>10/12/2009</p>

Staff fire training is scheduled for the 10 December 2009.	Completed
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**4. The provider has failed to comply with a regulatory requirement in the following respect:**

Cleaning chemicals were stored unlocked in the sluice room, kitchen and outside shed. Residents who wander and who are cognitively impaired could access these chemicals.

The risk management system in place does not control the risk of accidental injury to residents, staff or visitors during floor cleaning.

**Action required:**

Take all reasonable steps to prevent accidents to any person in and on the grounds of the centre, by providing suitable storage and employing safe cleaning practices.

**Reference:**

Health Act, 2007  
 Regulation 31: Risk Management Procedures  
 Standard 26: Health and Safety

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
When staff are not manning the kitchen for some periods during the evening, we will use the night-time policy and keep the kitchen door closed.	02/12/2009
In consultation with residents, the location of the TV is satisfactory.	07/12/2009
Our current cleaning programme is under review, the review programme will include a risk management to residents, staff and visitors.	21/12/2009
Wheelchair in bathroom was a once off incident; generally speaking wheelchairs are not stored in the bathroom or sluice room. We are currently sourcing a more suitable space for wheelchairs stored in front of the nurses' station.	07/12/2009
Chemicals will be stored in the shed in a locked press.	02/12/2009

**5. The provider is failing to comply with a regulatory requirement in the following respect:**

Current practices in infection control posed a safety risk and did not reflect best practice in infection control.

**Action required:**

Put in place written policies, appropriate procedures and adequate arrangements and suitable practices in accordance with current regulations and best practice guidelines.

**Reference:**

Health Act, 2007  
 Regulation 19: Premises  
 Standard 24: Training and Supervision  
 Standard 25: Physical Environment

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

**Timescale:**

Provider's response:

Our entire infectious control policy is currently under review with a view to booking staff education days. We are collecting new and updated data regarding infection control.

04/02/2010

To use a cloth towel for hand washing in the Nursing Home is a breach of Nursing home policy. Management has gone to considerable expense to have in place a paper towel and soap dispenser at each hand wash basin in the Nursing Home and added to this we now have antiseptic gel dispensers at strategic points throughout the nursing home. Also staff are supplied with miniature anti bacterial gel to carry in their pockets.

Provisions have been made in consultation with the staff that are in agreement to use the facilities made for them to change into fresh uniforms at the workplace.

04/12/2009

**6. The provider is failing to comply with a regulatory requirement in the following respect:**

Residents were not offered choice at each mealtime.

There was no menu planning process in place.

There were not sufficient detailed records maintained of the food provided and of any special diets.

**Action required:**

Provide a choice of food at mealtimes, planned in advance and maintain records of menu plans in sufficient detail to determine if the diet is satisfactory.

**Reference:**

Health Act, 2007  
Regulation 20: Food and Nutrition  
Standard 13: Healthcare  
Standard 19: Meals and Mealtimes

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

**Timescale:**

Provider's response:

We are planning menus two weeks in advance with choice. There has always been in place an alternative dish to the planned menu to respond to a resident's change of mind on the day.

Records will be kept and maintained.

07/12/2009

**7. The provider is failing to comply with a regulatory requirement in the following respect:**

Residents were not provided with the opportunity to participate or be involved in the day-to-day running of the centre.

**Action required:**

Establish a formalised system to ensure residents are consulted and can participate in the organisation of the centre. Seek feedback from residents to inform decision making and future planning.

<b>Reference:</b> Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 2: Consultation and Participation	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  We have now formalised a system to ensure that residents who wish to be involved are consulted and can participate in the organisation of the centre.  Minutes will be taken from feedback from residents to enhance future decision making and planning in the future.  This is currently being implemented to be completed in the new year.	04/02/2010

<b>8. The provider is failing to comply with a regulatory requirement in the following respect:</b>  There was limited opportunity for residents to participate in activities appropriate to their needs.	
<b>Action required:</b>  Provide opportunities for planned activities which all residents can participate in that are appropriate to the interests and capacity of residents.	
<b>Reference:</b> Health Act, 2007 Regulation 6: General Welfare and Protection Standard 18: Routines and Expectations Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Planning appropriate activity programs is now underway.	31/12/2009

**9. The provider is failing to comply with a regulatory requirement in the following respect:**

Adequate communal accommodation was not provided for the number and needs of residents.

Suitable provision is not made for storage of wheelchairs within the centre.

**Action required:**

Provide adequate communal space for residents in the centre. Make suitable provision for storage in the designated centre.

**Reference:**

Health Act, 2007  
Regulation 19: Premises,  
Regulation 31: Risk Management Procedures  
Standard 25: Physical Environment

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

**Timescale:**

Provider's response:

Plans have been drawn up by to add a conservatory to the nursing home. This is to be reviewed in the future.

06 June 2010

**10. The provider is failing to comply with a regulatory requirement in the following respect:**

A written statement of purpose is not compiled for the centre.

**Action required:**

Devise a written statement of purpose to meet the requirement of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. Make it available to residents.

**Reference:**

Health Act, 2007  
Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:  Statement of purpose is near completion and is currently being printed.  Also a resident guide is in progress.	06/12/2009  07/01/2009

**11. The provider is failing to comply with a regulatory requirement in the following respect:**

There was an absence of policies available in the centre. Some policies were not in compliance with current legislation and guidelines or did not reflect practice within the centre.

**Action required:**

Develop and put into practice written operational policies and procedures in accordance with schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 so that policies and procedures inform and guide staff practice.

**Reference:**

Health Act, 2007  
 Regulation 27: Operating Policies and Procedures  
 Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:  All policies and procedures to inform and guide staff practice is now under review. A plan to develop written operations and procedures which is in accordance with schedule 5 which will guide staff in safe practice is in progress. Key policies and procedures are: <ul style="list-style-type: none"> <li>▪ Medication-ordering, prescribing, storing and administration of medicines to residents</li> <li>▪ recruitment, selection and vetting of staff in progress. There will be a two month waiting period for Garda clearance</li> <li>▪ staff education on the prevention, detection and response to abuse is foremost on the agenda and is in currently progress.</li> <li>▪ handling and investigation of complaints policy and procedure now completed.</li> </ul>	07/01/2010  28/02/2010  December 2009  30/09/2009

The remaining policies are in working process and will be developed.	31/03/2010
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**12. The provider is failing to comply with a regulatory requirement in the following respect:**

Written operational policies and procedures for making, responding to and investigating complaints were not developed. A complaints procedure containing an independent appeals process was not devised, made available to residents and displayed in a prominent position in the centre. Records of complaints were not recorded.

**Action required:**

Arrangements for dealing with complaints must be put in place and publicised within the centre.

**Reference:**

Health Act, 2007  
 Regulation 39: Complaints Procedure  
 Standard 6: Complaints

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

**Timescale:**

Provider's response:

Handling and investigation of complaints-policy and procedure now completed.

30/09/2009

**13. The provider is failing to comply with a regulatory requirement in the following respect:**

Written policies and procedures for the recruitment, selection and vetting of staff were not in place. The information obtained in respect of persons employed at the centre did not meet the regulatory requirements set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

**Action required:**

Develop written policies and procedures relating to the recruitment, selection and vetting of staff. Ensure that files are maintained for all staff and that these meet the requirements of schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

<b>Reference:</b> Health Act, 2007 Regulation 18: Recruitment Standard 22: Recruitment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  This issue is currently being dealt with and Garda vetting of staff is now underway.	17/03/2009

<b>14. The provider is failing to comply with a regulatory requirement in the following respect:</b>  A number of staff had not received training in the prevention, detection and response to elder abuse.	
<b>Action required:</b>  Provide training on elder abuse to all staff and maintain records of training.	
<b>Reference:</b> Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Training is now in progress.	17/12/2009

<b>15. The provider is failing to comply with a regulatory requirement in the following respect:</b>  A suitable designated smoking area was not provided.	
<b>Action required:</b>  Provide a suitable designated smoking area that has no potential to impinge on other residents.	

<b>Reference:</b> Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Residents in close proximity to the smoking area are consulted with during smoking times. Should they wish for their bedroom doors to be closed this is done. The smoking area is well ventilated and smoking breaks are strictly supervised by staff. Our smoking policy includes consultation and agreement by residents.	25/09/2009

<b>16. The provider is failing to comply with a regulatory requirement in the following respect:</b>  The contract for the provision of services with residents did not contain all information required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.	
<b>Action required:</b>  Revise the written contract of care for residents in accordance with the regulations.	
<b>Reference:</b> Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  A contract of care is currently being revised.	18/12/2009

**17. The provider is failing to comply with a regulatory requirement in the following respect:**

Copies of the Health Act, 2007 and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 were not obtained. The person in charge and staff were not aware of the legislative requirements.

**Action required:**

Make the Health Act, 2007 and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 available to staff.

Provide training in the provisions of this legislation, commensurate with their role in the organisation.

**Reference:**

Health Act, 2007  
Regulation 17: Training and Staff Development  
Standard 29: Management Systems

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

**Timescale:**

Provider's response:

Act is now in circulation for all staff in the Nursing Home. Relevant education is ongoing, provided by the proprietor and her deputy.

18/01/2010

**18. The provider is failing to comply with a regulatory requirement in the following respect:**

There was no formalised system in place for the routine maintenance of all equipment.

**Action required:**

Implement a documented system to verify that all equipment provided in the centre is routinely checked and maintained in good working order.

**Reference:**

Health Act, 2007  
Regulation 19: Premises,  
Regulation 31: Risk Management Procedures  
Standard 25: Physical Environment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Wheelchairs, pressure relieving mattresses, hoists and high-low beds are serviced by 'mobility technology'.</p> <p>Going forward we will now have a log book and records on routine services and maintenance of equipment.</p>	07/12/2009

**19. The provider is failing to comply with a regulatory requirement in the following respect:**

There was no system in place to review the quality and safety of care provided to residents and the quality of life of residents living in the centre. Residents' views, complaints, accidents, near misses and other information did not inform quality improvements in the centre.

**Action required:**

Establish and maintain a system for reviewing, maintaining and improving the quality of life and care provided to residents.

**Reference:**

Health Act, 2007  
 Regulation 35: Review of Quality and Safety of Care and Quality of Life  
 Standard 30: Quality Assurance and Continuous Improvement

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A system will be put in place to maintain the quality and safety of care provided to the resident and reviewed on a three monthly basis. This plan will include complaints, accidents and near misses to be monitored and audited.</p>	31/03/2010

**20. The provider is failing to comply with a regulatory requirement in the following respect:**

A written resident's guide was not produced and made available to residents.

**Action required:**

A resident's guide in an accessible format must be developed and made available to each resident in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

**Reference:**

Health Act, 2007  
Regulation 21: Provision of Information to Residents  
Standard 1: Information

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

**Timescale:**

Provider's response:

Ready for printing.

04/12/2009

**21. The provider is failing to comply with a regulatory requirement in the following respect:**

The directory of residents did not contain a record of all the information required in the regulations.

**Action required:**

Update the directory of residents to include the matters listed in schedule 3.

**Reference:**

Health Act, 2007  
Regulation 23: Directory of Residents  
Standard 32: Register and Residents Records

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

**Timescale:**

Provider's response:

We will update directory records to include PPS and to comply schedule 3 (H) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

31/01/2010

**22. The provider is failing to comply with a regulatory requirement in the following respect:**

Records were not maintained in a manner to facilitate ease of retrieval.

**Action required:**

Maintain records in a manner that allows for ease of retrieve for inspection and monitoring purposes.

**Reference:**

Health Act, 2007  
Regulation 22: Maintenance of Records  
Standard 32: Register and Residents Records  
Standard 24: Maintenance and Supervision

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

**Timescale:**

Provider's response:

We will streamline and formalise a record system to facilitate ready access.

31/03/2010

## Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 2: Consultation and participation	Insofar as is reasonably practicable, consult residents about medication they are being prescribed.
Standard 19: Meals and Mealtimes	Review how residents are informed in advance about meals and how pureed lunch for residents on modified diets is presented.  Reassess the practice of giving almost all residents a 'bib' to wear. Other alternatives should be considered.

**Any comments the provider may wish to make:**

**Provider's response:**

Firstly, it is without reservation that I wish to thank Ms. Nan Savage for her very generous and positive comments with regard to the Nursing Home and staff. Nan was very generous with her time and expertise and her lovely people skills made for an easy exchange when we needed to have a discussion of professional matters.

The only comment we have is with regard to the period in responding to the draft. The deadline was very short to meet and we hope that all our responses to the draft are acceptable.

Please to not hesitate to contact us with any queries and please be assured of our commitment in this process at all times.

**Provider's name:** Desdemona Smith  
**Date:** 26 November 2009