

Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act
2007



Centre name:	St Francis' Nursing Home
Centre ID:	0393
Centre address:	Kilkerrin
	Ballinasloe, Co. Galway
Telephone number:	094 9659230
Fax number:	094 9659801
Email address:	stfrancishome@eircom.net
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	John Desmond Joyce and Sharon Joyce
Person authorised to act on behalf of the provider:	John Desmond Joyce
Person in charge:	Attracta Connell
Date of inspection:	2 and 3 November 2011
Time inspection took place:	Day-1 Start: 09:30 hrs Completion: 17:00 hrs Day-2 Start: 08:45 hrs Completion: 15:00 hrs
Lead inspector:	Angela Ring
Support inspector:	Jackie Warren
Type of inspection:	<input checked="" type="checkbox"/> Registration <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

St. Francis Nursing Home is a two-storey former monastery which was converted to a nursing home in 2002. It provides long-term and respite care to 34 residents under and over 65 years, some of whom have dementia, brain injury, physical disability, intellectual disability, mental health problems and social problems.

There are 25 bedrooms in total and 11 of these are single rooms. One of these single bedrooms has en suite shower, toilet and wash-hand basin. Other bedrooms consist of 10 twin rooms, four with en suite shower, toilet and wash-hand basin and one three-bedded room with en suite bath, toilet and wash-hand basin. There are an additional four bathrooms, three with shower, toilet and wash-hand basin and one with a bath, shower, toilet and wash-hand basin. There is one staircase and a lift between floors.

Communal accommodation consists of two day rooms, a dining room, chapel and main kitchen. There is also a laundry, office, staff toilet and changing room.

St Francis Nursing Home is located in a rural setting just outside the village of Kilkerrin, near Glenamaddy in Co. Galway

Date centre was first established:			5 Nov 2002	
Number of residents on the date of inspection:			32 + 1 in hospital	
Number of vacancies on the date of inspection:			1	
Dependency level of current residents as provided by the centre:	Max	High	Medium	Low
Number of residents	0	12	9	11
Gender of residents			Male (✓)	Female (✓)
			✓	✓

Management structure

The named Provider is John Desmond Joyce, his sister is employed as General Manager and his mother is the newly appointed residents' liaison officer. Attracta Connell is the Person in Charge and she reports to the Provider. Catering, cleaning staff, nurses and care assistants report to the Person in Charge. The provider takes responsibility for maintenance issues and his wife undertakes some administrative work. The general manager is responsible for providing administration support to the Person in Charge, staff training and developing a system for quality monitoring and improvement.

Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act, 2007.

Inspectors met with residents, relatives and staff members over the two day inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Separate fit person interviews were carried out with the provider and the person in charge, both of whom had completed the fit person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

Overall inspectors found that the provider and person in charge largely met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. There was a more robust governance structure in place since previous inspections and there was evidence to demonstrate that the provider and management team were proactive and keen to comply with the Regulations and Standards. The centre is in a rural area and family-run, this resulted in the management and staff having a good knowledge and awareness of the residents and their circumstances.

The provider, general manager and person in charge were committed to promoting the safety of residents. Staff had received training and were knowledgeable about the prevention of and response to elder abuse. Fire precautions such as fire training for staff, safety procedures and arrangements for servicing of equipment were also in place.

The health needs of residents were met. Residents had access to medical services and to a range of other health services and evidence based nursing care was provided. Care plans were in place although improvements were required and there was evidence of residents' needs being regularly reviewed.

Some improvements were required in updating the risk management policy and medication management policy and the care planning process. These areas for improvement are discussed further in the report and are included in the Action Plan at the end of the report.

Section 50 (1) (b) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. Statement of purpose and quality management

Outcome 1

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose

Standard 28: Purpose and Function

Inspection findings

Inspectors found that the statement of purpose accurately described the service that was provided in the centre.

There were several residents with varying conditions and needs. Inspectors did not see any evidence to suggest that the service could not meet the diverse care needs of these residents, as stated in the statement of purpose. It was kept under review by the provider and was made available to residents.

Some minor adjustments were required and a revised statement of purpose was submitted to the Authority a short time after the inspection.

Outcome 2

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

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life

Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

Inspectors found that improvements were required as there were no systems in place to ensure that the quality of care given to residents was monitored and developed and improved on an ongoing basis. Inspectors found that the newly recruited general manager was aware of this deficit and had plans in place to implement a system of for quality monitoring purposes. She had developed an action plan which identified the areas for improvement, the person responsible and the timeframes. This plan included developing and reviewing policies and procedures, reviewing the care planning procedure, implementing safety checklists and gaining feedback from residents and relatives.

A residents' committee was also active within the centre and this is discussed in more detail under Outcome 11.

Outcome 3

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:

Regulation 39: Complaints Procedures

Standard 6: Complaints

Inspection findings

Inspectors found evidence of good complaints management. The complaints policy was reviewed and was found to be comprehensive, complied with the requirements of the Regulations and it was displayed in a prominent position in the centre. The complaints officer was named and the policy included the name of an independent appeals person who could be contacted should the complainant be dissatisfied with the outcome of their complaint. Inspectors found that staff members were fully aware of the complaints procedure.

Residents and relatives told inspectors they felt comfortable raising any concerns with the person in charge or the residents' liaison officer.

Inspectors noted that the complaints log was maintained and a small number of verbal concerns from residents were recorded. Inspectors saw how these had been acted upon and followed up by the person in charge. The person in charge told inspectors that no written complaints were received by the centre.

2. Safeguarding and safety

Outcome 4

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Inspection findings

Inspectors found that measures were in place to protect residents from being harmed or abused. The person in charge attended a training course for the prevention, detection and response to elder abuse. There were records to indicate that all staff had received a refresher course on identifying and responding to elder abuse, including the maintenance staff, taxi driver and local priest. Inspectors found

that staff were aware of the types of elder abuse and their responsibilities in reporting suspected elder abuse to the person in charge.

Residents spoken to and those who completed questionnaires confirmed to inspectors that they felt safe in the centre.

A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. During the fit person interviews, the provider and person in charge displayed sufficient knowledge of their responsibilities in responding to and investigating alleged elder abuse.

The person in charge told inspectors that no money or valuables were kept in safekeeping for residents on the days of inspection.

Outcome 5

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings

Inspectors found that practice in relation to the health and safety of residents and the management of risk sufficiently promoted the safety of residents, staff and visitors although some improvements were required in documentation.

There was a health and safety statement developed in October 2011 which related to the health and safety of residents, staff and visitors. There were records to indicate that health and safety issues were discussed with staff at meetings. There was also documentary evidence of regular safety checks being carried out on equipment such as the emergency trolley, handrails, windows and furniture. Staff told inspectors that they were encouraged to be vigilant of safety issues at all times and they were aware of the procedures for reporting maintenance and safety issues.

Inspectors reviewed the risk management policy and found that it did not meet the requirements in the Regulations. It did not identify the precautions in place to guide staff in responding to risks such as self harm, violence and aggression, assault and accidental injury to residents and staff.

A small number of residents smoked. Inspectors found that no smoking risk assessments were completed on these residents and there were no care plans developed to identify the interventions in place to control the risk. In addition, the risk management policy did not cover the identification and assessment of risks associated with residents smoking.

The procedures for fire detection and prevention were in place. Inspectors reviewed service records which showed that the fire alarm system, emergency lighting and fire equipment were monitored regularly. Inspectors read records which showed that daily inspections of fire exits were carried out and the fire exits were unobstructed. Inspectors read the training records which confirmed that all staff had attended training on fire prevention and response and inspectors found that all staff spoken with were clear about the procedure to follow in the event of a fire. Staff told inspectors that there was a designated staff member on the roster each day who acted as the fire warden.

The environment was kept clean and well maintained and there were measures in place to control and prevent infection, including arrangements in place for the segregation and disposal of waste, including clinical waste. There were adequate supplies of disposable gloves, aprons and alcohol hand gels available for staff.

Inspectors reviewed the emergency plan which identified the procedures to follow in the event of an emergency and the arrangements for providing alternative accommodation for residents if full evacuation was necessary. Inspectors found that the staff were knowledgeable of the evacuation arrangements.

Outcome 6

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

References:

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

Inspection findings

Inspectors found evidence of good medication management processes. The person in charge explained that she had recently implemented a new system of medication administration in conjunction with a local pharmacy. There was a comprehensive medication management policy which provided guidance to staff which was updated to include the new administration procedure. Inspectors observed the nurses on part of their medication rounds and found that medication was administered in accordance with the policy and An Bord Altranais guidelines. The person in charge told inspectors that their pharmacist had recently become more involved in medication management practices. Inspectors reviewed recent medication audits carried out by the pharmacist with some areas for improvements identified.

There were a significant number of residents with mental health problems who had been transferred from a local psychiatric hospital. Some of these residents were quite institutionalised and were receiving anti-psychotropic medications. The person in charge told inspectors that they were in the process of reviewing and reducing the use of psychotropic drugs in conjunction with the GPs and the consultant in Psychiatry of Later Life and there was documentary evidence to support this. Inspectors did not see any evidence of residents being overly sedated.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1984. Nurses kept a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

Reviews of medication prescriptions, administration records and stock balances were carried out by the nursing staff. There was evidence of medication being regularly reviewed by the resident's general practitioner (GP).

Inspectors noted that some improvements were required in medication management. The time of the prescription did not match the time on the administration sheet and all discontinued medication were not signed and dated by the GP. The medication policy did not address the prescription, recording, disposal and the prescription and administration of as required medication. Each of these issues could lead to potential errors.

3. Health and social care needs

Outcome 7

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

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings

Residents had access to a range of peripatetic services. There was good access to medical practitioners in the local area and there was evidence of residents being regularly reviewed by their GP. In addition to GP services, there was evidence of some residents being reviewed by a consultant in Psychiatry of Later Life where necessary.

Health promotion was encouraged. Inspectors met with two residents who were planning to go home with community supports. Inspectors found that the residents' liaison officer was instrumental in the rehabilitation of these residents and for coordinating their proposed care in the future. Residents were also encouraged and facilitated to go to a local day-care centre and transport was provided at no extra cost. Inspectors met with some of these residents who said they really enjoyed going out and meeting neighbours and friends in the day centre.

The provider had engaged the services of a physiotherapist that visited the centre each week and developed an individual plan of care for residents that care staff followed each day. The services of a speech and language therapist and dietician were also available to residents where necessary. While reading residents' medical files, inspectors noted the input of the various health professionals who recorded their review of residents.

Inspectors reviewed a sample of residents' care plans and noted that a nursing assessment and clinical risk assessments were carried out for all residents. Care plans were in place which identified some of the residents' needs. However, improvements were required as care plans were not developed for all problems identified in the assessment. For example, there were no care plans developed for residents with specific clinical and social needs such as PEG tube feeding, catheter care, use of restraint, residents who stayed in bed and residents with communication deficits. There was very little evidence of residents and relatives involvement in their care plan. Inspectors also found that best practice guidelines were not adhered to as all entries made by nurses were not dated and timed and some nursing records did not include the resident's name.

There was also no record of the residents health and condition and treatment given, completed on a daily basis.

Inspectors reviewed the procedures for responding to behaviours that challenged. There was a policy in place which provided some guidance to staff. Although staff were seen responding appropriately to residents with behaviours that challenged and they could tell inspectors the specific strategies they used to respond to the behaviour, the residents' care plans did not identify the types of behaviour and the most effective responses to the behaviour.

There were a small number of residents with wounds. Inspectors found that there were records to demonstrate proper assessment and treatment plans. The person in charge told inspectors that they accessed the services of specialist nurses in wound care in the local hospital when necessary.

Improvements were required in the use of restraint. The use of restraint had decreased since the previous inspection. There were no lap belts in use but there were a number of residents using bedrails. Inspectors reviewed files for a sample of these residents and found that there was an assessment completed for the use of the restraint and there was some documentation on the release of the restraint. However, inspectors found that improvements were required in the initial assessment for the use of bedrails as there was no evidence of the risks of using restraints being considered or evidence of alternative strategies being tried prior to the use of

restraint. The person in charge told the inspector that she was aware of the new HSE policy on the use of restraint and she had plans in place to update the centres policy in line with the new national policy. Inspectors also found that staff were not aware of the potential dangers associated with the use of bedrails.

Inspectors found that there were very few falls in the centre. The person in charge told inspectors that she believed this was due to the profile of the residents as many were fully mobile, the staffing levels and staff awareness of falls prevention measures. The person in charge described situations in the past where staffing levels were increased when they had a resident identified as very high risk of falling. Inspectors found that the staff had a good knowledge of falls prevention strategies.

There were adequate procedures for the safe handling of residents. Inspectors observed staff using good manual handling techniques and there were an adequate numbers of hoists available.

Inspectors saw documentary evidence to demonstrate that resident's weight was recorded each month and the person in charge monitored any changes such as significant weight loss. Nutritional risk assessments were used to identify residents at risk. There was evidence of residents being referred to their GP and a dietician and supplements being prescribed where necessary. However there were inadequate care plans maintained to guide staff on the plan of care to meet these residents' specific needs.

There were a small number of residents who spent most days in bed. Inspectors reviewed these residents' files and met with these residents and some of their families. Inspectors found that their care needs were being met including their social needs and all expressed satisfaction with the care they received.

Outcome 8

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

References:

Regulation 14: End of Life Care

Standard 16: End of Life Care

Inspection findings

There were no residents receiving end of life care on the days of inspection. However, inspectors found that there were adequate procedures in place to ensure that this care could be provided when necessary.

There was a centre-specific policy on end-of-life care and some of the staff had attended training sessions on palliative care. The person in charge explained that they accessed the services of the local palliative care team who provided support and advice when required.

Inspectors found that a resident had died prior to the inspection and the centre had made arrangements to hold a wake for the resident in their church as the resident was in the centre for several years and her brother was also a resident. Residents told inspectors that they welcomed this as it gave them an opportunity to say goodbye to their friend.

Outcome 9

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

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings

Inspectors were satisfied that residents received a nutritious and varied diet that offered choice. Mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and with staff.

There was a central dining room on the ground floor and residents were seen to enjoy the social dining occasion. Inspectors noted that meals were hot, well presented and tasty. Some residents opted to dine in their bedrooms and inspectors saw that their food was brought up on a tray. Some residents were seen setting tables and clearing up after each meal which gave them a sense of purpose.

Staff were seen assisting residents discreetly and respectfully if required. Residents confirmed that they enjoyed the food. Meals were served on trays from a hatch in the kitchen. Residents were seen asking for extra refreshments at the hatch which was very homely and informal. Inspectors saw residents being offered drinks throughout the day. Residents told inspectors that they could have tea or coffee and snacks any time they asked for them.

Inspectors spoke with the chef and found that she had worked in the centre for a number of years and had a very good knowledge of each resident's dietary needs and preferences. Inspectors saw that residents who needed their food served in an altered consistency, such as pureed, had the same menu options as others and the food was presented in appetising individual portions. The chef also ensured that the needs of residents on a diabetic diet were met.

4. Respecting and involving residents

Outcome 10

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

Inspectors were satisfied that this outcome was achieved.

Contracts were agreed with and provided to residents. Inspectors read a random sample of completed contracts and noted that they set out the overall care and services provided to the residents. Inspectors noted that no additional fees were charged for services such as hairdressing or taxi's as all were included in the fee.

Outcome 11

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

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Inspection findings

Residents' privacy and dignity were respected by staff.

Staff were observed knocking on toilet and bedroom doors and waiting for permission to enter. There were signs on all doors to indicate if the room was occupied or if care was being given.

Residents were dressed well and according to their individual choice. Inspectors observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents' civil and religious rights were respected. The person in charge confirmed that residents had been facilitated to vote at the previous election. Mass took place on a weekly basis and the local priest visited regularly.

A residents' committee had been established which was chaired by the residents' liaison officer. Inspectors read the minutes of some of these meetings and noted that where suggestions were made by residents, these had been addressed by a member of the management team.

There were some opportunities for all residents to participate in activities appropriate to his or her interests and capacities. There was a designated activity coordinator employed in the centre since the last inspection. A schedule of activities was available each day and there was evidence of the staff and some of the residents engaging in activities such as knitting, music, exercises, gardening, art and bingo.

Inspectors met with the activity coordinator and found that she was in the process of developing individual books called "All About You" for all residents which outlines their previous lives, hobbies and preferences. One resident played a musical instrument in a day room much to the entertainment of other residents and staff. A group of residents were very involved in gardening and there was a vegetable patch maintained by residents. The provider explained that he planned to raise the level of the vegetable patch to allow all interested residents to partake in its maintenance. Some of the staff and residents told inspectors about the trips they enjoyed to Knock, out to dinner and to local cultural centre's. One of the residents, who was very attached to his dog, was facilitated to keep him in the garden which he said gave him a sense of home. Residents and staff also spoke about the taxi service available for residents to go into the local town to the shops and hairdressers which was provided at no extra cost.

Outcome 12

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

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Inspection findings

Inspectors found that the laundry facilities were adequate.

Inspectors reviewed the laundry and the systems in place to ensure that residents' property was appropriately cared for. Residents and relatives told inspectors that clothes were well cared for. Inspectors spoke to the staff member in the laundry and found that she was knowledgeable of the different processes required for each category of laundry. Inspectors found that residents were provided with meaningful occupation when they assisted in the laundry doing tasks such as folding clothes.

5. Suitable staffing

Outcome 13

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Inspection findings

The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time at the centre since 2009. She had completed a post graduate diploma in gerontology and a nursing home management course. She continued to keep her skills up-to-date by undertaking on going professional development. She demonstrated a good knowledge of her responsibilities as outlined in the Regulations and demonstrated good leadership and organisational skills. She told inspectors that she was supported in her role by the residents' liaison officer, general manager and provider.

Inspectors found that she was knowledgeable about residents' needs and their backgrounds. She was observed engaging well with residents and relatives throughout the days of inspection. She demonstrated a firm commitment to the provision of good quality care to the residents and welcomed the inspection process to assist in driving forward quality care for residents. She was supported in her role by an assistant director of nursing who deputised in her absence.

Outcome 14

There are appropriate staff numbers and skill-mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:

Regulation 16: Staffing

Regulation 17: Training and Staff Development

Regulation 18: Recruitment

Regulation 34: Volunteers

Standard 22: Recruitment

Standard 23: Staffing Levels and Qualifications

Standard 24: Training and Supervision

Inspection findings

Inspectors randomly examined the files of staff members and found that they contained all of the information required by the Regulations with the exception of three references and one had no photographic identification. There was evidence of system being set up to monitor the performance of staff through the use of staff appraisals and for the induction of new staff.

The inspector carried out interviews with staff members and found that they were knowledgeable of the residents' individual needs, the centre's policies, fire procedures and the procedures for reporting alleged elder abuse. The inspector saw them responding to residents' needs in an informed and kind manner. Staff told the inspector that they enjoyed working in the centre and they felt very well supported by the management team. The inspector found that staff were enthusiastic about their work. There was a low turnover of staff and many of the staff had worked in the centre for several years.

Staff told the inspector that they attended handover meetings twice a day which kept them informed of residents' changing needs.

The general manager had introduced a new system of tracking all training attended by staff and there were records to indicate that staff had received training on responding to behaviours that challenge, the prevention, detection and response to elder abuse and manual handling.

The inspector found that there were adequate numbers and skill-mix of staff on duty to meet residents' needs on the day of inspection. Residents and relatives agreed that there were adequate staff on duty to meet their needs. The inspector viewed the staff rota and found that the planned staff rota matched the staffing levels on duty.

6. Safe and suitable premises

Outcome 15

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Inspection findings

The centre was clean and well maintained throughout. Inspectors reviewed records to indicate servicing and contracts with different agencies. There was appropriate assistive equipment available such as hoists, pressure relieving mattresses, cushions, wheelchairs and walking frames. Handrails were available to promote independence. Hoists and other equipment had been maintained and service records were up-to-

date. The lift was in good working order and documentation indicated that it was serviced recently.

Inspectors found that bedrooms were personalised and adequate in space for residents' belongings. Each resident had access to locked personal storage space in their locker if they wished. This was addressed from the previous inspection.

There was a secure garden for residents to access unaccompanied. Some residents were seen sitting outside getting fresh air, some were gardening and others were smoking.

There was a new office, sluice room and staff changing facility provided since the last inspection. Inspectors reviewed the sluice room and found that it was adequate with a bedpan washer, a sink and a wash-hand basin.

Inspectors found that the kitchen was well organised with access to sufficient storage facilities. Inspectors observed a plentiful supply of fresh and frozen food.

There were an adequate number of toilets and assisted bathrooms on each floor to meet residents' needs. Inspectors noted that one of the assisted bathrooms was also inappropriately used as a private treatment area as it contained a plinth for examination and treatment. This was due to a lack of space for a separate area for examination and treatment. Although inspectors did not find evidence that this had a negative impact on residents, it was a potential problem due to the high number of shared bedrooms.

7. Records and documentation to kept at a designated centre

Outcome 16

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

References:

Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings

** Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Resident's guide

Substantial compliance

Improvements required*

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required*

General records (Schedule 4)

Substantial compliance

Improvements required*

Operating policies and procedures (Schedule 5)

Substantial compliance

Improvements required*

Directory of residents

Substantial compliance

Improvements required*

Staffing records

Substantial compliance

Improvements required*

Medical records

Substantial compliance

Improvements required*

Insurance cover

Substantial compliance

Improvements required*

Outcome 17

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Inspection findings

Practice in relation to notifications of incidents was satisfactory.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Outcome 18

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

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection findings

There were appropriate arrangements in place for the absence of the person in charge.

The person in charge and provider were aware of their responsibilities to notify the Authority for a prolonged period of absence but as yet this was not required.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, general manager, residents' liaison officer and the person in charge to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Angela Ring

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

8 November 2011

Provider's response to inspection report*

Centre:	St Francis Nursing Home
Centre ID:	0393
Date of inspection:	2 and 3 November 2011
Date of response:	23 November 2011

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

Outcome 2: Reviewing and improving the quality and safety of care

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

There were no systems in place to ensure that the quality of care given to residents was monitored and developed and improved on an ongoing basis.

Action required:

Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

Action required:

Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

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

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 new audit tool has been developed internally to self-audit within the nursing home on a regular basis. This new audit tool will equip the management team with the evidence and knowledge needed to monitor and improve the quality of service provided. The Audit tool is developed to audit each resident's records individually. The audit will commence in March of next year after the introduction of the updated care plans and should take a one week to complete.</p> <p>The general manager has enrolled in a Quality Management course due to commence Sept 2012. The course will enhance the general manager's knowledge of setting up quality systems and auditing which will enable the management team to continuously improve the quality systems in the nursing home.</p>	<p>March 2012</p> <p>Sept 2012</p>

Outcome 4: Safeguarding and safety

<p>2. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The risk management policy did not identify the precautions in place to guide staff in responding to risks such as self harm, violence and aggression, assault and accidental injury to residents and staff.</p> <p>The risk management policy did not adequately cover the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.</p> <p>The risk management policy did not cover the identification and assessment of risks associated with smoking and the precautions in place to control the risks identified.</p>
<p>Action required:</p> <p>Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.</p>

The medication policy did not address the prescription, recording, disposal and the prescription and administration of as required medication.	
Action required: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.	
Reference: Health Act 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management Standard 15: Medication Monitoring and Review	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The medications policy has been updated to address the ordering, prescribing, storing and administration of medicines. Nurses will be fully trained on the updates to the new policy. The administration sheet has been updated to include the time of administration and will be available for use early in December.	December 2011

Outcome 7: Health and social care needs

4. The provider has failed to comply with a regulatory requirement in the following respect: There was no evidence of the risks of using restraints being considered or evidence that alternatives were used prior to the use of restraint.	
Action required: Provide a high standard of evidence based nursing practice.	
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 21: Responding to Behaviour that is Challenging	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>The person in charge has enrolled in the "Train the Trainer Restraint Day". On completion of this training the person in charge will review and update the existing restraint policy. Our aim is to fully comply with the new restraint policy issued by the Department of Health "Towards a restraint Free Environment in Nursing Homes". This restraint policy will be audits internally using our new audit tool.</p>	<p>Date of training to be confirmed</p>
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<p>5. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Each resident's needs were not set out in an individual care plan developed and agreed with the resident.</p> <p>Some of the nursing records did not comply with evidenced based practice. All entries made by nurses were not dated and timed and some nursing records did include the resident's name.</p> <p>There was no adequate nursing record of the person's health and condition and treatment given, completed on a daily basis and signed and dated by the nurse on duty in accordance with any relevant professional guidelines.</p>
<p>Action required:</p> <p>Set out each resident's needs in an individual care plan developed and agreed with the resident.</p>
<p>Action required:</p> <p>Provide a high standard of evidence based nursing practice in documentation.</p>
<p>Action required:</p> <p>Review the nursing records to ensure that they comply with best practice clinical guidelines. Maintain an adequate nursing record of the person's health and condition and treatment given, completed on a daily basis and signed and dated by the nurse on duty in accordance with any relevant professional guidelines.</p>
<p>Reference:</p> <ul style="list-style-type: none"> Health Act, 2007 Regulation 6: General Welfare and Protection Regulation 8: Assessment and Care Plan Regulation 25: Medical Records Standard 10: Assessment Standard 11: The Resident's Care Plan

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The person in charge has developed new care plans which will emphasise on the link between the individual assessments (including risk assessments) directly to the care plan on an ongoing basis. Resident's daily progress will be documented in this new care plan. The resident will be encouraged to participate in the development of their care plan and where this is not possible participation from the relatives or advocate will be sought.</p>	February 2012

Outcome 14: Suitable staffing

<p>6. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Some of the staff files did not contain all of the documents specified in Schedule 2 of the Regulations.</p>	
<p>Action required:</p> <p>Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 18: Recruitment Standard 22: Recruitment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The recruitment policy has been reviewed, a new check list has been created to ensure all documents are sought and up to date prior to employment commences.</p> <p>A gap analyse will be carried out on all existing staff files to establish any incomplete staff files. On completion of this task all staff will be notified of any documentation that is required for their staff file.</p>	<p>Complete</p> <p>December 2012</p>

Outcome 15: Safe and suitable premises

<p>7. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There was no separate space identified for the private examination and treatment of residents.</p>	
<p>Action required:</p> <p>Provide adequate private accommodation for residents.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>At St Francis, where a resident shares a room, the room is fitted with curtains which provides privacy for the resident when care/treatment is been provided. All staff are fully trained to a high standard on respecting the residents privacy and dignity. We have implemented a new door hanger system to be used by residents or staff when care/treatment is been provided in a residents room (i.e. "care in progress").</p> <p>It is the intention of St Francis to build a purpose built treatment room in the next 12 to 18 months.</p>	<p>Complete</p> <p>January – June 2013</p>

Any comments the provider may wish to make:

Provider's response:

The experience of our Registration inspection has been very positive for all involved. We would like acknowledge and thank the inspectors for the professional manner in which the inspection was carried out and for the positive comments made about our nursing home.

The feedback meeting was very useful and the guidance provided in the areas of self auditing and continuous improvement to bring St Francis Nursing Home from a standard of 'very good' to 'excellent' has been acted on and accepted with thanks.

All actions outlined above have been documented on our ongoing action plans and will be acted on in a timely manner.

We look forward to working with the inspectors in the future in our effort to continue to fully comply with Regulations and the Standards so that our residents will reside in a centre of excellence. We will continue to provide the best possible care that each and every resident deserves in at home that is warm, comfortable and meets each individuals needs and above all ensure that each resident is treated with respect and dignity.

Provider's name: John Desmond Joyce

Date: 21 November 2011