

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

Centre name:	St. Catherine's Nursing Home
Centre ID:	0429
Centre address:	Bothar Buí
	Newcastle West
	Co Limerick
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Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Newcastle West Nursing Home Ltd.
Person in charge:	Stephen Murphy
Date of inspection:	23 March 2010 and 24 March 2010
Time inspection took place:	Day-1 Start: 09:30hrs Completion: 18:00hrs Day-2 Start: 09:15hrs Completion: 16:00hrs
Lead inspector:	Margaret O'Regan
Support inspector(s):	Ann O'Connor
Type of inspection:	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

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 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland* 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.

Registration inspections are part of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration six months prior to the time the provider wishes to commence.

In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act, 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector 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 inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

Acknowledgements

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

About the centre

Description of services and premises

St. Catherine's Nursing Home is a 55 bed two-storey residential centre. It provides care for older people including older people with dementia. It also provides care for residents under 65 years of age and on the day of inspection three residents under this age were in residence. One had a physical disability and was availing of respite care. Both of the other residents were in their early 60's. They were mobile, able to communicate and their admission was primarily for social reasons. Originally the building was a convent and in 2006 it was renovated and converted into a nursing home. There are two staircases and two lifts. The communal areas include three day rooms and two sun rooms. There is additional seating on the wide corridors, in the front foyer and at the top of the stairs. There is a dining room on both floors, an oratory where mass takes place daily and a comfortable small room suitable for private meetings. Bedrooms are located on both floors and each resident has their own lockable wardrobe. There are 47 single-bedded rooms with en suite shower, toilet and wash basin, and four twin-bedded rooms. Registration is being sought for three more twin-bedded rooms and a four-bedded room which have en suite shower, toilet and wash basins. One of the twin-bedded rooms was not ready to be occupied at the time of inspection, as refurbishing was not complete. The other three rooms were seen by inspectors to be fit for occupancy; albeit that the four-bedded room should be occupied by no more than two residents.

There are sufficient staff facilities including toilet, changing room, lockers and dining area. This area and the laundry are on the ground floor and separated from the main bedrooms and communal areas. There are two designated smoking areas, one on each floor.

There is a large landscaped garden which residents can access during good weather. There is also a secure courtyard and ample parking to the front of the building.

Location

St. Catherine's Nursing Home is located in the town of Newcastle West in Co. Limerick.

Date centre was first established:	23 December 2006
Number of residents on the date of inspection	59
Number of vacancies on the date of inspection	0

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	18	14	27

Management structure

The Provider is Newcastle West Nursing Home Ltd. There are three directors in the company and Michael O’Riordan is the board chairman. Stephen Murphy is the Person in Charge. All staff report 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	9	3	3	1	2

Summary of findings from this inspection

This was the first inspection of this centre carried out by the Health Information and Quality Authority. It was an announced registration inspection and took place over two days. As part of the registration process, the provider had to satisfy the Chief Inspector of Social Services that he was fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

The person in charge had an adequate understanding 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* and he had commenced the process of ensuring that staff members also understood these documents. Management systems had been reviewed in light of the new regulations and Standards. New initiatives were taken in such areas as resident safety, provision of services to the centre and extension of the seating area on the ground floor.

The person in charge in conjunction with the provider completed the fit person self assessment and as a result of this assessment updated the complaints policy, conducted family meetings with relatives, reviewed maintenance contracts and monitored staff care routines. Other areas identified in need of change and review included the introduction of visual aids as a means of communication, more frequent review of medical charts, training for staff on dementia care and the monitoring incidence of falls.

Inspectors spoke with residents, relatives, staff members and the providers, both in private and in the more communal environment of the sitting areas. Residents and relatives spoke of being happy with the attitude and the care given by staff. They felt safe and said they considered the premises to be well maintained. Staff were seen to have a friendly and courteous relationship with residents, relatives and each other.

Premises, fittings and equipment were clean and well maintained and there was a good level of furnishings throughout.

Records reviewed by inspectors included the "fit person" self-assessment which was completed by the person in charge, care plans, medical records, fire safety records, staff records and policies and procedures. A significant improvement was required by the management to adhere to the number of residents which the centre was registered for. Significant improvements were also needed in care planning, accuracy of documentation, recruitment documentation, policies and procedures and the provision of staff training.

These issues are discussed in the report and included in the Action Plan at the end.

Comments by residents and relatives

Residents' comments

Inspectors interviewed six residents at length and spoke with several other residents during the inspection.

Residents commented in particular on the attitude of staff, "The great thing about here is they don't belittle you"; "staff are always there to help me" and "anytime I call there is someone there". Residents described the person in charge as "approachable" and "a very nice man". Residents stated their rooms were "lovely" and said "I can have what I want and brought in my own chair from home".

Residents spoke to inspectors of their daily routine. One resident said that "I can get up when I like. I go to bed to suit myself" and spoke of enjoying his breakfast in bed. Another said "breakfast in bed is appealing when you get to my age".

Residents talked to inspectors about what they did during the day. One resident said "I go for a walk before mass. I do crosswords and watch TV. I have the code for the door so I can go out when I please." Another resident described how "When the weather is good the doors are opened and you can walk around". Several residents spoke of reading the newspaper and enjoying the music session on tuesday afternoons.

Another resident said she enjoyed talking with other residents and said "Chat is very important".

Residents comments about the food included: "I get excellent food". Another stated "It is like a hotel, if I don't like something I get something else". Another said "There is plenty of choice. I have to hold myself back, not to put up weight".

Residents also told inspectors that visitors were made feel "very welcome" and that staff members gave them a cup of tea or coffee. Residents said that if they wanted to meet relatives in private they would bring visitors to the small sitting room.

Relatives

Inspectors had the opportunity to meet with four relatives and another completed a questionnaire and sent it to the offices of the Health Information and Quality Authority. Relatives stated they were satisfied with the care their relative was receiving. When asked if they thought their relative was cared for in a respectful manner relatives stated "most definitely yes" and "we are very happy with the level of care and attention". Relatives said they felt welcomed when visiting and commented there was a "pleasant atmosphere at all times". Relatives stated they were involved in their family member's care plan and found it easy to speak with staff about any issues they needed to discuss.

Four of the five relatives were happy with the staffing levels and commented that calls were answered quickly. One relative commented that "the evening time can

sometimes be very busy” and that there were occasions when her relative didn’t get assistance to the bathroom as quickly as she would like, resulting in incontinence “accidents”.

The overall cleanliness was described as “spotless”. When asked if there was anything that could be improved upon one relative commented that there should be more activities. Another relative acknowledgement that there is “no place like home” but as that wasn’t possible he was happy that his relative was receiving care from “staff who are kind and very good”.

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 provider and person in charge had an adequate level of understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

The provider in conjunction with the person in charge had developed a statement of purpose which complied with Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). There was a health and safety statement in place which had been reviewed by the provider and the person in charge. The person in charge maintained the records of accidents and incidents. Inspectors reviewed the records and found that they contained details of each event, the circumstances and the action taken to prevent a recurrence.

The directory of residents was reviewed by inspectors and was found to contain the information required by the regulations. Information was entered regularly and the register was found to be up-to-date. The insurance certificate, fire certificate and maintenance records were reviewed by inspectors and were up-to-date. The complaints policy was on display in the front hallway and was clear in regards to how a complaint could be made.

The person in charge works full-time and the board are in the process of appointing a new deputy person in charge to assist him. The nominated person to be contacted in an emergency or out-of-hours is the person in charge. Administration cover is in place seven days per week as is maintenance cover. The person in charge presents a report to the monthly board meeting. Minutes are kept of these meetings and were seen by inspectors. All board members attend meetings.

A review of systems and practices takes place on an ongoing basis and discussed at board meetings. Changes instigated following such reviews included the provision of a "viewing panel" to provide greater observation of residents by staff especially at

staff handover times. The centre currently receives its water supply from the town supply; however, following a review of an incident where the town's water supply was disrupted the management now plan to make arrangements to have their own independent water supply. The provider visits the centre regularly as part of monitoring operations and obtaining feedback from residents and relatives.

As a result of these visits the provider plans to extend the day room on the ground floor to accommodate residents and their relatives who have indicated that this room is where they prefer to be seated, as the activity of the centre can best be observed from this point.

Staff and the provider stated that where there was an identified need for an item of equipment, the decision to order it and the ordering was carried out by the person in charge. Inspectors saw that equipment available was in good repair and in good supply.

There was a friendly and happy atmosphere which was in keeping with the stated ethos as set out in the statement of purpose.

Some improvements required

The safety statement in place did not contain environmental risk assessments for each part of the premises. Neither was the document dated.

Significant improvements required

The centre had been registered by the Health Service Executive (HSE) to provide care for 55 residents, and had declared the figure of 55 beds as the number of beds available as of 1 July 2009. However, on the day of inspection there were 59 residents. The provider had made an application to register ten extra beds and the purpose of this inspection included the assessment of the suitability of this extra space. The provider and person in charge were made aware that accommodating 59 residents when their registration was for 55, was a contravention of the Health Act 2007 and subsequent regulations. The person in charge confirmed that they increased their beds to 56 on the 18 December 2009 and this was done "following a telephone conversation in September 2009 to the Cork Health Information and Quality office". Both the provider and the person in charge stated that they would start reducing their numbers to 55 immediately. They planned to do this by not taking in new admissions once a resident was discharged.

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

Staff ensured residents exercised choice in many aspects of their lives. Residents told inspectors that they decided when they got up and when they went to bed. Inspectors noted that all residents were well cared for in their personal appearance.

Inspectors joined residents for lunch. The meal was an unrushed, sociable occasion. Residents were seen to chat and joke amongst themselves and with staff. The serving of soup was changed from lunch time to mid morning to suit the needs of residents who preferred to have smaller meals served frequently. For lunch, there was a choice of a meat or a fish dish and a variety of fresh vegetables. The care assistant asked each resident what they would like and then served the food to them. There was a choice of desserts.

Residents' religious practices were supported. Residents and staff told inspectors that a resident priest holds mass daily. Inspectors saw the majority of the residents gather in the prayer room for this service. A priest from the parish also visits as does the rector from the Church of Ireland. A religious sister from the community visits a number of times per week and offers pastoral support to residents. Inspectors met with this nun.

Two buses were provided for residents' use. Residents, staff and the provider told inspectors how the person in charge or the maintenance person drives the bus and transports residents to hospital appointments, visits to relatives, funerals and to the seaside in the summer. Four residents were able to walk into the town of their own accord and were encouraged to do so.

Residents, staff, the person in charge and the provider told inspectors how a marquee was set up in the enclosed courtyard at Christmas time to facilitate the residents' party. Families and people from the local community were invited. In total about 300 people visited. There is an open visiting policy in operation and relatives know the access code to leave the building. For security reasons only staff have the access code to get in. Tea and coffee making facilities are available in the visitors' private sitting room.

Residents' rooms were personalised with photographs, ornaments and furniture. One resident who was confused had her own dressing table in her room which was visible from the doorway. This helped her to identify her own room in addition to making her room personalised. One resident who enjoyed having her own possessions said "I'd rather be here than at home".

There was a well stocked library, however; the person in charge identified it was rarely used. In order to better utilise the library facilities, a library trolley was made available to take books around to the residents in their rooms and in the day rooms.

Inspectors observed staff promoting the privacy and dignity of residents. Staff ensured that bedroom doors were closed and in shared rooms, the screening curtain was drawn when carrying out personal care. The facilities of a hairdresser were available two to three times weekly. She would also visit outside of her regular times if the resident had a special occasion.

The music session which took place on the day of inspection was attended by most residents and residents said they enjoyed it. Residents also said they enjoyed watching the television and listening to the radio. Inspectors noted that most residents had flat screen televisions and transistor radios in their bedrooms which had been provided by the providers.

Two younger residents, whose social circumstances contributed to their admission, were seen to be encouraged to be involved in the activities of the centre, one by being involved in the religious services and the other by taking part in the music sessions. Both these residents were encouraged to participate in the daily life of the centre and at the same time staff acknowledged that for one of these residents his preference was to spend time on his own in his room reading.

Some improvements required

Residents were seen by inspectors to be transferred in wheelchairs without the use of footrests. This comprised residents' safety and comfort.

The activities available to residents were limited. This was noted by the inspectors and commented on by relatives and staff. The calendar of activities showed music took place one afternoon per week and a film was shown on a Friday afternoon. Residents told inspectors they enjoyed the music session. However, none of the residents spoken with attended the film viewing. Exercise class was listed as an activity for three afternoons per week. However, what was observed by inspectors were exercises being carried out by the physiotherapist with individual residents. This was a good therapy practice but it was not a meaningful activity for residents.

Significant improvements required

Staff spoken with had not received training in elder abuse detection and prevention. There was no record available to indicate that this training had taken place.

Minor issues to be addressed

Communal items were seen by inspectors in the bathroom. These included antiseptic cream, razors and shaving foam. Each resident should have his/her own toiletries and creams. These need to be labelled if used in communal bathrooms.

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 ongoing 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

Overall, residents' health needs were seen to be met. Residents were supported to retain their own general practitioner (GP). One resident's GP was based in another town, but staff and the family worked together to ensure that the resident could continue to access that service. The person in charge told inspectors that when it was not possible for a resident to retain their own GP, access to a local GP was arranged.

One younger resident, with a physical disability and availing of respite, had access to physiotherapy five days per week from a registered physiotherapist. This service was included in the centre's fees. This resident's relative spoke with inspectors and stated that having access to this type of therapy was very important for the resident. He also commented on the suitability of this respite service as it was local to him thus ensuring he could visit frequently.

A new process to improve the safety of medication management had been introduced. All medications delivered by a local pharmacist are now checked and signed for. Inspectors saw this check list. The person in charge stated nurses do not transcribe medication charts and this was noted by inspectors when they viewed the medication charts. Inspectors joined one medication administration round and interviewed two nurses who had a good knowledge of medication management procedures and administration practices as per An Bord Altranais guidelines. Controlled drugs were correctly stored.

Chiropody, occupational therapy and physiotherapy services were provided to all residents when they needed them. Chiropody was at an additional cost to the resident. A physiotherapist and an occupational therapist were employed by the centre. Palliative care services were provided by a hospice that had an outreach centre in the local town. The person in charge had established good links with the old age psychiatry team, the mid western regional hospital and the dietetics services within the hospital. Piped oxygen was available in a number of bedrooms. Oxygen concentrators and cylinders of oxygen were also available.

Carers recorded care provided to residents on a daily basis. These records were seen by inspectors. They were comprehensive and detailed the assistance given in aspects

of personal hygiene, nutrition and mobility. It was noted by inspectors that residents regularly used the bathing facilities in preference to the shower. Staff spoke of the importance of offering a choice to residents in this aspect of personal care.

Residents were encouraged to take plenty of drinks during the day to maintain hydration. A choice of drinks, jugs of water and juice were seen to be readily available in communal areas. Inspectors also heard staff offering tea or coffee regularly during the day.

Significant improvements required

Controlled drugs were not recorded as having been checked twice a day at the shift changeover. Faxed prescriptions were unclear to read and were not followed up with a written prescription.

There was no written assessment as to how a decision was made to restrain a resident in a reclining chair. Neither was there any record of the duration of the restraint. This practice was not congruent with the policy on restraint.

Care plans were in place for residents. However, they were drawn up without a comprehensive assessment. In some instances identified needs did not have a care plan on how the need should be managed. For example a resident at a high risk of developing pressure sores did not have a written care plan in place outlining how these would be prevented. Care plans did not have documented care arrangements for personal and social needs.

Minor issues to be addressed

There was no formal assessment tool used to assess the nutritional status of residents nor was there a validated tool used to assess the cognitive state of residents. Some assessments were rewritten. However; previous assessments were filed away and not readily available to determine an improvement or deterioration in the resident's condition.

Medicine charts did not have photographic identification of residents.

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 communal and bedroom areas were homely and domestic in character. The walls were decorated with photographs of residents enjoying various activities and paintings of local scenes. A variety of comfortable seating was provided in the day rooms and in the entrance hall area. Grab-rails were provided along corridors. Personal, lockable storage cupboards were provided to residents in their bedrooms. In shared rooms, screening curtains were available to ensure privacy.

A good level of cleanliness was maintained. There were staff dedicated to household and cleaning duties. They used colour-coded mops and cleaning cloths for different areas. Cleaning cloths were washed when staff finished cleaning in each area. Plastic aprons and latex gloves were readily available and inspectors saw staff changing them as they went from one area to another. Alcohol hand gels were readily available throughout the premises and inspectors observed staff using them.

There was a call bell system in place in residents' bedrooms. Inspectors tested a call bell and a staff member responded promptly. A system was in place where the length of time taken to answer bells, at any time of the day or night, was recorded together with the room number from where the bell was rung. The person in charge had devised a system to monitor this.

The quantity and quality of equipment was good. Inspectors reviewed records which confirmed the regular servicing of items such as electric beds, alternating pressure relieving mattresses, nebulisers and wheelchairs. When the administrator who also works as receptionist, is off duty the door bell is connected to a portable phone system which staff carry on their person.

Residents who are identified at risk of wandering wear an alarmed tag which triggers if they were to leave the building. The access code to the centre was restricted to staff whereas relatives and some residents were given the exit code. In the evening time the main gate is locked. Close circuit television is in place and recordings were kept for one week.

A private visitor's room is available with tea and coffee making facilities. There is an oratory, a music room, two enclosed court yards, two smoking areas a physiotherapy room, a hairdressing salon and a library.

There was a well equipped kitchen and laundry. Staff had good facilities for storage, changing and dining.

Some improvements required

The yellow bin for infected waste was unlocked and posed a health hazard.

The flooring in the upstairs dining room was uneven. The doorway of room 22 had a protruding lip and posed a trip hazard. The doorway into the upstairs conservatory was also uneven and a trip hazard.

Significant improvements required

A risk assessment had not been conducted as to the safety of the upstairs windows which had wide openings.

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 person in charge ensured a good level of communication was in place. This included a staff hand-over meeting at the change of shift in the morning, in the afternoon and in the evening. An inspector was present for the afternoon hand-over. Issues discussed included a review of residents and items that need to be followed up by the next shift. A diary was in place for nurses to make entries and a resident's role call log was kept every two hours.

Staff members talked to inspectors about regular staff meetings. They said that the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the inspection process had been discussed at the most recent meeting.

The person in charge and the provider sought the views of residents and relatives through a customer feedback form which could be completed and put in the suggestion box.

Inspectors observed staff members communicating with residents in a very respectful manner during the inspection. Staff members were aware of the name that residents preferred to be addressed by. Staff were aware of the communication needs of residents with cognitive issues. Inspectors saw staff taking time to listen to those residents, and to reassure them and put them at ease. Staff wore easy to read name badges which helped residents recognise them.

Residents had a phone facility in each room which enabled them to make external calls as they wished. The bill for phone calls made was separate to the bill for the fees charged.

A brochure was available in the front hall way for residents and relatives. Signage throughout was good and easy to follow.

Significant improvements required

There was a comprehensive list of policies available. However, these policies had not been reviewed since March 2007, were not referenced and many had insufficient detail to make them effective. In particular the medication management policies were inadequate and needed to be reviewed. For example there was no policy on the prescribing and storage of medicines; the policy on the ordering of medicines was one sentence in length; the policy on administration of medicines made no reference to An Bord Altranais guidelines; there was no written policy on the disposal of unused or out of date medicines.

Documentation required to be kept as required by Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) was incomplete. For example, no date was recorded on the consent for restraint and the type of restraint being consented for was not stated.

Minor issues to be addressed

An in-house residents' forum was not established in which residents could be consulted in giving feedback on all matters affecting the residents. A person had not been identified as an advocate for people with dementia/cognitive impairment.

Staff told inspectors that a family meeting took place to discuss one resident's care needs, however; there was no documentation of this meeting.

The notice boards in place displayed very little information about activities or local events.

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

Inspectors found the staffing levels and skill-mix were sufficient to meet the needs of residents. Inspectors observed staff being attentive to residents and performing their duties in a timely manner. Staff members and residents told inspectors that they felt there was enough staff and that they could respond to residents' needs promptly. At least two nurses are on duty at all times as per the duty roster. This was also observed by inspectors on the day and confirmed to inspectors by staff.

Twelve care assistants were participating in Further Education and Training Awards Council (FETAC) level 5 training. They spoke positively on how they found it beneficial in their work.

Staff spoke of the pleasant working atmosphere and the willingness of the person in charge to communicate with them. Staff stated they felt their work was valued and felt respected as employees.

The management team have the assistance of an outside human resources company should such services be required.

Some improvements required

A staff appraisal system was not established in which staff could be informed of their progress and opportunities for further development identified.

The staff training records show that training on the prevention and detection of elder abuse had not taken place. Neither has any training on managing behaviour which is challenging. There was no evidence that nurses had any professional development opportunities in the past twelve months.

Significant improvements required

Inspectors reviewed the personnel files of staff and found that they did not reflect the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Staff files did not contain birth certificates, photographic identification, written references or medical certificates stating staff were fit mentally and physically to work.

The current registration status for one member of the nursing staff was missing.

Minor issues to be addressed

The person in charge needs to engage in continuous professional development. In this regard plans should be made for him or a key management person to undertake a post registration qualification in nursing of the older adult and a post registration qualification in healthcare management.

Closing the visit

At the close of the inspection visit a feedback meeting was held with Michael O’Riordan, Provider and Stephen Murphy, 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

Margaret O’Regan
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

12 March 2010

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
Not applicable	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Health Information and Quality Authority
Social Services Inspectorate

Action Plan



Provider's response to inspection report

Centre:	St. Catherine's Nursing Home
Centre ID:	0429
Date of inspection:	23 March 2010 and 24 March 2010
Date of response:	27 June 2010

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 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

Fifty nine residents were accommodated on the day of inspection when the registration certificate was for 55. This practice of accommodating residents over the number of registered for commenced in December 2009. This is an offence under the Health Act, 2007.

Action required:

Comply with the conditions set out in the registration certificate and submit a copy of the register of residents indicating the number of residents in the centre from December 2009 to date.

Action required:

State how you intend to ensure that the maximum number of residents to be maintained in the centre and the maximum number of residents to be accommodated in shared

rooms in the designated centre shall not exceed a number for which the centre is registered by the Chief Inspector.

Reference:

Health Act, 2007
 Regulation 19: Premises
 Standard 25: Physical Environment

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

Timescale:

Provider's response:

Our resident numbers are not greater than 55 now as per our old HSE registration, we are now fully aware that this number cannot be exceeded until our facility has been registered and approved by the Health Information and Quality Authority.

11 June 2010, this was the earliest we could achieve without upsetting the residents.

2. The provider has failed to comply with a regulatory requirement in the following respect:

Residents' records confirmed that residents were being restrained. However, there was no evidence that consent had been obtained from the residents. An individual assessment for the need for restraint had not been completed. There were no individual care plans detailing when the restraint had been applied, when the restraints were removed, or how frequently the residents were checked during the restraint.

Action required:

The centre is to review its policy and practice and aim towards a restraint-free environment for all residents. If restraint is to be used as a last resort, the centre should follow strict best practice guidelines by undertaking a full assessment of the need for restraint. Maintain a record of the nature of the restraint, checking arrangements and its duration.

Reference:

Health Act, 2007
 Regulation 25: Medical Records
 Standard 21: Responding to Behaviour that is Challenging

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

Timescale:

Provider's response:

St. Catherine's has got a restraint policy however, it is being reviewed immediately. I have identified a policy which will address

Within three months

all issues raised in the inspection report. All staff are aware that any form of restraint should be a last resort and consent is a requirement.	
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3. The provider has failed to comply with a regulatory requirement in the following respect:	
Controlled drugs were not recorded as having been checked at the changeover of shifts. Faxed prescriptions were unclear to read and not followed up with a written prescription. The written policies available on medication management were inadequate in the detail they provided, were not referenced and not reviewed within the past three years.	
Action required:	
Ensure that at changeover of shifts a nurse from each shift completes the count of the controlled drugs and records this.	
Action required:	
Ensure faxed prescriptions are followed up with a written prescription.	
Action required:	
Ensure the details of medication faxes are understood by the administering nurse.	
Action required:	
Ensure medication management policies are updated and reflect current best practice guidelines.	
Reference:	
Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 14: Medication Management Standard 29: Management Systems	
Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
Provider's response: Staff on handovers to check and sign for controlled drugs immediately. All drugs/medications are always prescribed prior to administering. We are at the discretion of our local GPs to return original drug charts for our residents. However, the majority of GPs return the originals in an acceptable length of time. Medication policy to be reviewed and amended as required. Nursing staff to ensure original drug karterx to be in residents' charts.	Within six months

4. The provider has failed to comply with a regulatory requirement in the following respect:

Risks were not identified or assessed. In particular it was noted there was no risk assessment with regards to the upstairs windows which have wide openings. A risk assessment had not been conducted on the potential trip hazards of uneven surfaces in the upstairs dining room, the doorway between the upstairs conservatory and the corridor and at the entrance to room 22.

Action required:

Ensure environmental risk assessments are conducted for every area of work and associated work activities.

Action required:

Ensure uneven floor surfaces are made safe.

Action required:

Ensure all documents, including the safety statement, are dated and reviewed regularly.

Reference:

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

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

Timescale:

Provider's response:

Flooring contractor already informed of the problem.

Window restrictors have been put in place.

Three months.

Completed

5. The provider has failed to comply with a regulatory requirement in the following respect:

Inspectors observed that wheelchairs did not have foot plates. Residents being transferred with their feet raised and legs extended are at risk of injury.

Action required:

Ensure equipment provided for use by residents is maintained in good working order.

Reference:

Health Act, 2007

Regulation 19: Premises Regulation 31: Risk Management Procedures Standard 25: Physical Environment Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Residents do not wish to have footrests on chairs, inspection team informed of this on day of inspection, they find them uncomfortable, however, staff are more vigilant when transporting residents in this way. I will ensure that the majority of wheelchairs have footrests that are not easily removed.	Ongoing

6. The provider has failed to comply with a regulatory requirement in the following respect: Each resident's needs were not set out in an individual care plan developed and agreed with each resident.	
Action required: Ensure the assessment and care plans for residents are accurately and comprehensively recorded and that the care plan developed from the assessment is agreed and formally reviewed with each resident.	
Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Regulation 9: Health Care Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 13: Healthcare	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All residents have an individualised care plan devised based on the activities of daily living as per Roper Logan Tierney model. They are reviewed and signed every three months. This system needs to be reviewed to take into account the social and individual preferences of our residents.	Reviewed every three months automatically

7. The provider has failed to comply with a regulatory requirement in the following respect:

Inspectors observed that many residents spent long periods of the day sitting in the lounge without anything to do that was meaningful to them.

Action required:

Ensure opportunities for meaningful fulfilment are provided for residents that reflect the resident's preferences, interests and abilities.

Reference:

Health Act, 2007
Regulation 10: Residents' Rights, Dignity and Consultation
Standard 17: Autonomy and Independence

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

Timescale:

Provider's response:

As you can see from the age profile of our residents there are quite a number of them in their late 80's or early 90's. We do have a programme of activity every week but I have to take into account the capabilities of each resident and their wishes. However, I am looking into a role for an activities person to examine the above comment. I am now aware that care staff within the centre are anxious to be involved in improving an activity programme.

Within six months

8. The provider has failed to comply with a regulatory requirement in the following respect:

The provider had commenced the process of obtaining Garda Síochána vetting and other required information on all staff. Staff files were reviewed by inspectors. A number of these personnel files did not contain evidence of birth certificates, three references and photographic identification and did not comply with current regulations on recruitment. The current registration status for one nurse was not available for inspection. Volunteers had not been vetted nor had their roles and responsibilities set out in a written agreement.

Action required:

Provide full and satisfactory information in relation to all staff in respect of matters identified in the Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

Ensure a copy is kept of the current registration status of all nurses working in the

centre.	
Action required:	
Ensure volunteers have their roles and responsibilities set out in a written agreement, receive supervision and support and are vetted appropriate to their role and level of involvement.	
Reference:	
Health Act, 2007 Regulation 18: Recruitment Regulation 24: Staffing Records Regulation 34: Volunteers Standard 22: Recruitment Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Garda Síochána vetting forms completed and forwarded to the vetting office. All files had photo identification that included date of birth i.e. passport or licence. Referees requested.	Completed Completed

<p>9. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The training records reviewed by inspectors showed no evidence of ongoing professional development training for nurses. There were no records of staff having received training in elder abuse detection and prevention, managing behaviour which was challenging or promoting meaningful activities. Staff appraisals had not been conducted to inform staff of their progress and identify opportunities for further development.</p>
<p>Action required:</p> <p>Provide appropriate professional development training to staff to meet the needs of the residents and maintain records of same.</p>
<p>Action required:</p> <p>Ensure all staff receive training in the detection and prevention of elder abuse and maintain a record of this.</p>
<p>Action required:</p> <p>Ensure staff that have a special interest in managing activities are facilitated to improve</p>

their skills in this area.	
Action required: Develop a staff appraisal system.	
Reference: Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Further Education Training and Awards Council (FETAC) level 5 course being run since January 2010 for 20 care staff based in St. Catherine's, inspectors informed of this, all our care staff will have FETAC Level 5 qualification by June 2010. This course is being run by a college in Limerick. Elder abuse awareness training and an appraisal system to be addressed.	0 – 12 months

10. The provider has failed to comply with a regulatory requirement in the following respect: The yellow bin used for the storage of infected waste material was unlocked.	
Action required: Ensure adequate arrangements are made for the proper disposal of swabs and other similar waste materials. This includes the locking of bins used for infected waste.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Written contract in place for waste disposal, copy of contract available on request. Clinical waste bin was unlocked but there was no waste in it at the time.	Bin is now locked and the key kept with maintenance department.

11. The provider has failed to comply with a regulatory requirement in the following respect:

Whilst the centre has a range of policies procedures and guidelines available, the quality of some of the policies was poor. They were not evidenced to best practice, they did not detail and outline the procedure for staff to follow and some were not centre-specific. They had not been reviewed since March 2007.

Action required:

Provide written operational policies and procedures in accordance with best practice and current regulations.

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:

Nursing Home staff have found the policy and procedure manuals of great assistance, however; I appreciate they need to be reviewed this year. I would not consider 30 months being a long time since being reviewed. All guidelines to be reviewed and adjusted if necessary to suit St Catherine's Nursing Home.

Six to twelve months

12. The provider has failed to comply with a regulatory requirement in the following respect:

Nursing documentation was incomplete; dates were absent from assessments, details were missing of family meetings which had taken place; the type of restraint being consented for was not stated on the signed form. Nursing reassessments had taken place however; previous assessments were removed from the residents file and stored separately. This resulted in it being difficult to view progress or deterioration from the previous assessment.

Action required:

Ensure records in relation to residents are maintained in a manner that is complete, accurate and easy to retrieve.

Reference:

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Any previous files were stored in locked cabinets similar to a medical records department in a hospital. They are accessible on a daily basis if required. As with any organisation all documentation needs constant monitoring. All family meetings to be documented.</p>	Completed

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 26: Health and Safety	The health and safety statement should be dated
Standard 4: Privacy and Dignity	Care practices should be personalised to ensure that toiletries are not for communal use.
Standard 27: Operational Management	The person in charge should undertake a post registration qualification in nursing of the older adult and a qualification in healthcare management.
Standard 14: Medication Management	Photographic identification should be on each residents medicine chart.
Standard 10: Assessment	A comprehensive assessment of the resident's health, personal and social care needs should be conducted on admission using, where appropriate, validated tools.
Standard 2: Consultation and Participation	An in-house residents group should be established to facilitate consultation with residents on all matters affecting them.
Standard 1: Information	The notice boards should be used to post notices that are of interest to residents for example activities taking place within the centre activities taking place in the wider community.

Any comments the provider may wish to make:

Provider's response:

All of the Action Plan will be addressed in an appropriate timeframe, some actions may take longer than others taking into account their urgency. I will endeavour to meet the timescales that I have aimed to achieve them in.

Provider's name: Michael O' Riordan

Date: 27 June 2010

FR05