

Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act 2007



Centre name:	St Francis Home
Centre ID:	0574
Centre address:	Rathealy Road
	Fermoy
	Co Cork
Telephone number:	025-31304
Fax number:	025-49777
Email address:	Mary.lyons@hse.ie
Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered provider:	Health Services Executive (HSE)
Person authorised to act on behalf of the provider:	Teresa O'Donovan, General Manager
Person in charge:	Mary Lyons
Date of inspection:	14 November 2011 and 15 November 2011
Time inspection took place:	Day-1 Start: 09:20hrs Completion: 17:00hrs Day-2 Start: 09:20hrs Completion: 15:00hrs
Lead inspector:	Breeda Desmond
Support inspector:	Caroline Connelly
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 Home is situated in the town of Fermoy within walking distance of local shops, post-office, banks and churches.

St. Francis Home is a purpose-built, single-storey building, providing long-term care for people of low to medium dependency residents and can accommodate 20 people. Accommodation for residents included 20 single bedrooms with hand-washing facilities. The building is rectangular-shaped which encloses a garden in the centre with easy access to this from several doors. The garden has handrails for residents' assistance and seating areas beside the flowerbeds and shrubbery.

The centre is divided into the male and female sides. The male side had a block of three toilets with a hand-wash basin. The female side had a block of two toilets with a hand-washbasin and a further single toilet with a hand-washbasin. There are two shower rooms with assisted shower facilities.

Communal accommodation consists of one main lounge with a large flat screen television, bookshelves and small tables. There is a large bright dining room which also has lounge facilities including wide screen television. There is a seating area off the main foyer with easy access to the garden from here. There is a designated smoking room with appropriate ventilation for residents who prefer to smoke in the centre. There is a large gazebo to the side of the main entrance which facilitates sheltered outdoor smoking also.

There is limited parking at the front of the building. The entrance and the centre is wheelchair accessible.

Community stores and public health nurse services are also accommodated in the building with separate entrances.

Date centre was first established:			1975	
Number of residents on the date of inspection:			10	
Number of vacancies on the date of inspection:			10	
Dependency level of current residents:	Max	High	Medium	Low
Number of residents	0	0	6	4
Gender of residents			Male (✓)	Female (✓)
			5	5

Management structure

The Registered Provider is the Health Services Executive (HSE), represented by the General Manager, Teresa O'Donovan. Richard Buckley is the area administrator and he reports to Teresa O'Donovan. The Person in Charge is Mary Lyons and she reports to the Registered Provider. Senior staff nurses, catering staff, multi-task attendants and administration staff report to the Person in Charge.

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 and incident logs, policies and procedures and staff files. A fit person interview was carried out with both the provider and the person in charge. The person in charge and senior nurse, Patricia Murphy, 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.

The findings of the registration inspection are set out under 18 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*. Residents' and relatives comments are found throughout the report.

There was evidence of good care practices in meeting the day-to-day needs of residents. Staff were kind and respectful to residents and demonstrated excellent knowledge of residents and intervention necessary for those with challenging behaviours. Family members interviewed concurred with this and gave very positive feedback regarding the care their relatives received.

Significant issues were identified during this registration inspection regarding aspects of medication management, fire safety and lack of an emergency plan.

Improvements identified included:

- review of quality and safety of care and quality of life
- nursing assessments and documentation
- aspects of the premises (one toilet and one shower)
- staff files

- policies and procedures
- notifications
- safeguarding minor cash.

These issues were discussed throughout the inspection and at the feedback meeting at the end of the inspection. The Action Plan at the end of this report identifies improvements required to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

A further issue which was brought to the attention of inspectors by residents at the outset of the inspection was the possible closure of the centre. Residents asked if the inspectors were going to close the home. Inspectors took time to explain to residents that the decision to close the centre was not theirs to make, but that of the registered provider, the HSE. The General Manager, very kindly, took time to speak with residents when she visited the centre for the fit person interview to reassure them regarding the decision-making process.

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

The statement of purpose sets out the aims, objectives and ethos of the centre. It accurately describes the services and facilities which are provided in the centre.

The statement is kept under review in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

Quality improvement activity was evident in many aspects of life and care in the centre. As the centre is small, with no staff turnover, staff had very good insight into their residents, their preferences, likes and dislikes. Both residents and relatives articulated this and said that 'staff are wonderful, good humoured, friendly, know us so well'. The person in charge and staff meet and chat with residents daily. While there isn't a formal residents' committee, the person in charge meets formally with residents' about every three months to discuss issues which arise. This has led to service improvement for residents as well as influencing life in the centre; for example, changes to the daily menu and food choices as well as mealtimes.

Residents interviewed explained that if they had any issue or item to discuss, they speak with Matron Lyons and residents and relatives knew all the staff by name.

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

The complaints policy was comprehensive and a synopsis of the policy was available both in the statement of purpose and the Resident's Guide.

The complaints procedure was displayed throughout the centre. Residents and relatives outlined to inspectors that they have easy access to the person in charge and other staff to discuss any issues they had. The person in charge stated that most complaints/concerns were dealt with as they arise. A record of complaints was reviewed by the inspector and they outlined actions and outcomes, which were maintained by the person in charge to facilitate and inform improvements.

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

Measures were in place to protect residents from being harmed or suffering abuse. Staff had received training on elder abuse prevention, detection and responding to abuse. Care staff interviewed were knowledgeable in their responsibilities regarding abuse including disclosure. At the time of inspection there were no recorded incidents or allegations of abuse.

Residents spoken to confirmed to inspectors that they felt safe in the centre and relatives concurred with this. They attributed this to the kindness and respectfulness of staff and the open culture which was observed by inspectors.

The secretary described best practice regarding maintenance of residents' accounts. In line with HSE policy these accounts are audited externally annually and internally, biannually.

Maintenance of residents' petty cash requires further attention. There was just one signature on the documentation for transactions of petty cash and a rolling balance was not maintained to ensure a robust procedure.

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

While there were policies and procedures relating to health and safety including hazard identification of clinical, non-clinical and the environment; risk was identified regarding health and safety as there was no emergency plan in place to inform safe evacuation or identify where to evacuate residents if the need arose.

Several measures were in place to safeguard against accidents and promote independence including safe and appropriate floor coverings, handrails on both sides of wide corridors; good storage space for equipment; and many residents had assistive devices to enable independence.

The internal and external environment was well maintained. Clinical waste was maintained in accordance with best practice.

Hand hygiene gels and foam dispensers and hand hygiene reminders were available throughout and staff were observed using these all through the inspection. Inspectors discussed laundry management with the person in charge and she outlined segregation of laundry at source as bed linen is outsourced and residents' personal items are laundered in-house.

All staff had completed their mandatory training in manual handling and lifting and were observed caring for residents appropriately.

Fire records showed that fire safety equipment including fire alarms and emergency lighting was serviced appropriately. Fire exits were unobstructed and there were adequate means of escape. There was adequate fire equipment with timely service dates available. However, risk was identified regarding fire safety as mandatory biannual fire training had not occurred since September 2010. Daily fire checks were

completed as well as quarterly fire safety checks; however, weekly and monthly fire safety checks were not undertaken.

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

Several issues were identified as risk regarding medication management; the prescription from which nurses dispensed medication was not adequate; many did not have the GPs name identified; there was no place for the residents' date of birth. In conjunction with this, the prescriptions did not identify the time the medication was to be administered; for example, abbreviations such as OD (once a day), BD (twice a day), TDS (three times a day) were written instead. The medications prescribed for OD could be given in the morning or at night, one sleeping tablet was prescribed OD, diabetic medication prescribed for BD should be given at mealtimes; however, if an antibiotic is prescribed BD, it would be given differently, hence the importance of administration times. One drug had just its name and dosage, i.e. 1grm PO (given orally) but no other instruction written. Some drugs which had been discontinued had just a line drawn through them with no discontinued date or signature. One prescription had one medication 'on hold' but the drug was given. Maximum dosage for *pro re nata* (prn) medications was not documented in the prescriptions. These were all discussed with staff. They outlined they had identified that their dispensing prescription was inadequate, and while they were familiar with each resident and their medications, if agency staff were needed, there was potential for medication errors.

Controlled drugs were checked at time of administration; however, they were not checked routinely as described in their medication policy and An Bord Altranais medication management guidelines 2007. The controlled drugs record was a folder which contained individual A4 sheets on which the record was maintained. This has potential for loss or misplacement of records.

While photographic identification was available for all residents, it was not part of their drug administration chart as described in An Bord Altranais medication management guidelines 2007, but attached to the individual drawers in the drug trolley. Drugs were dispensed from individual containers; however, expiry dates of medications were not in place.

Review and monitoring of medication management practice occurs in consultation with the pharmacist.

There was a policy for ordering, prescribing, storing and administration of medicines. The policy available described self-medication but an assessment tool to support self-medication was not available.

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

While all residents had care plans, some were more comprehensively completed than others. Some had timely reviews, while others had not. All residents were assessed on admission regarding falls risk, moving and handling requirements, cognition, social history and interests; however, assessments were confined to these. Some residents had exhibited behaviour that was challenging, and while staff were observed caring with appropriate interventions for those residents, there was no assessment tool to enhance and inform their care and learning. Staff demonstrated tremendous knowledge of interventions and techniques but these were not documented. One resident had become more dependant, but an assessment for skin integrity and pressure was not completed even though there were chronic legs ulcers present and a pressure-reducing mattress and cushion were put in place. Another resident with diabetes did not have a documented plan of care even though staff comprehensively described the care given.

The policy regarding admission and continuous assessment outlined that residents and relatives are involved in the planning of care. While residents and relatives said

that care is discussed with them, that they are phoned if there is a change in condition, but there was no documented evidence of this in the care plans.

Residents had opportunities to participate in meaningful activities appropriate to their interests and needs. Activities were discussed with residents and staff. One resident outlined that he played cards three nights a week at different venues in the community. Another resident was taken on outings regularly, often twice a week with the disability services in Fermoy. One resident likes to go town by taxi to the hairdresser and clothes shopping.

All staff are involved in the activity programme. During inspection, the nurse who is also a qualified massage therapist, was observed giving hand massage to residents with lively banter as the gentlemen refused and the ladies enjoyed it very much. She discussed this as well as other initiatives with the inspector. Other activities include reminiscence therapy and staff identified that some residents prefer not to be involved and their wishes are respected. Movies are shown regularly. Residents' art was displayed on walls throughout. Volunteers from the Legion of Mary visit weekly and chat with residents, play bingo and recite prayers. The mobile library visits the centre. Staff outlined that this has greatly enhanced the quality of life of one resident who is blind as he can chose audio books and music, which he loves. Other residents enjoy the mobile library also.

Several residents were observed reading the daily newspaper and magazines. Residents said they voted in the recent election and this was facilitated both in-house and externally.

Physiotherapy services may be accessed through referral; the chiropodist attends the centre at an additional fee, and residents have access to the podiatrist. The hairdresser visits upon request and some residents visit the hairdresser in the town.

Six general practitioners (GPs) attend the centre; residents have choice regarding their GP and out-of-hours GP cover is provided. Residents' medical notes were examined which included referrals, transfer letters and laboratory results. While residents had timely GP reviews, many of the prescriptions did not reflect this, as described earlier in the report.

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

Bedrooms are single rooms which facilitate privacy and dignity. There is a quiet room and a quiet seating area for families to retreat to if they so wish. Traditionally, as

residents become more dependant, they are transferred to the other designated centre in the town, St Patrick's Community Hospital, which has 24 hour nursing care, so end of life care has not been a concern.

Mass takes place weekly and the Legion of Mary visit twice weekly. Other denominations are catered for upon request.

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

A policy regarding nutrition was available that incorporated a recognised nutritional assessment tool which identifies those at risk of under nourishment. Residents' weights were checked three times monthly and more frequently if necessary.

Residents had access to fresh water and other fluids at all times. Some residents prefer to dine alone in their bedrooms and others like to go to the dining room. Menus with choice were displayed on the dining room tables.

Residents have their breakfast in their bedrooms if they wish and some prefer it in the dining room. Morning staff elicit residents' menu choice and this is relayed to the kitchen. Mealtime was observed and those residents requiring assistance were helped in a kind and dignified manner.

The inspector spoke with kitchen staff. She described a well organised kitchen where fresh baking is done daily; the kitchen and food stores were well stocked. Staff were aware of the specialist diets of high protein and diabetic dietary requirements of residents in their care.

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

All residents are issued with contracts of care. They set out the overall care and services provided to the residents and the fees to be charged including additional fees to be charged. Residents keep their contracts of care in their possession.

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

Inspectors found that residents were cared for with dignity and respect. Personal choice and autonomy was encouraged and facilitated.

Residents and relatives told inspectors that the person in charge and staff were always available and open to suggestions and feedback. Inspectors observed good interaction between staff, residents, staff and residents. Relatives were satisfied with information provided by staff about residents' healthcare and general wellbeing.

Residents interviewed said that their privacy and dignity was respected in all aspects of their care which was observed by inspectors. Staff knocked on residents' doors, and waited for a reply before entering. Residents were dressed well and according to their individual choice.

Visiting is unrestricted and people were seen throughout the day visiting. Residents had discussed this with the person in charge and they outlined that visiting at meal times was not ideal and would prefer meal times to be uninterrupted, and this is facilitated.

Good community links are maintained including weekly visitation from the Legion of Mary and other volunteers; the Rotary club visit throughout the year; transition year students from the local secondary schools undertake their social placement there; residents are invited to a variety of local events throughout the year.

There is a residents' advocate and she visits the centre several times a week and chats with residents. Inspectors spoke with her and she outlined that she enjoyed her role immensely but would like to complete the advocate training programme to enhance her role.

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

There was a policy on residents' personal property and possessions. All residents had adequate storage space for their personal belongings. Residents' rooms were decorated according to their preferences. Bedrooms had photographs, pictures, ornaments, flowers, plants and other such mementos and were homely and comfortable.

While three residents had lockable storage facilities in their bedrooms, these were for residents who were self-medicating and only held their medications. Some residents prefer to maintain their own finances and they did not have any secure place to safely keep their money.

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 post of the person in charge was full time and held by a registered nurse with the required experience of nursing dependant people. Clear management and accountability structures were in place which facilitated effective running of the centre.

The person in charge along with staff demonstrated a clear commitment to delivering quality care to residents.

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

While there were appropriate staff numbers and skill-mix to the assessed needs of residents, and to the size and layout of the nursing home during the day and evening, there was no registered nurse on night duty. Night duty staff consisted of two multi-task attendants with an on-call arrangement with a registered nurse.

All staff had completed mandatory training. Other staff training included hand hygiene, challenging behaviour, falls prevention, first aid in the workplace, adult AED, CPR and food safety.

Staff files contained some of the requirements as listed in Schedule 2, but items missing included three written references, Garda Síochána vetting and medical fitness to undertake the duties for which they are employed.

There was a new residents' advocate; however, there was no documentation in place for her.

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 purpose-built and meets the residents' individual and collective needs in a comfortable environment. It was cleaned and well maintained with sufficient communal and private areas for residents. Corridors were wide with handrails on both sides. The layout promoted independence and all areas were bright and free from clutter.

There were 20 single bedrooms with wash-hand basin facilities. All bedrooms had adequate curtains to ensure privacy. One bedroom was recently converted to a quiet room where residents could retreat to for quiet reflection. It contained comfortable seating and a music system for background music.

There is a lovely bright seating area alongside main reception with comfortable chairs, and easy access to the enclosed garden. The enclosed garden was safe and secure and could be accessed from several doors around the nursing home. It was well maintained with garden seating, bird baths, shrubbery and walkways.

Current service records for equipment were viewed. There was adequate storage space for equipment and this was utilised appropriately.

Staff facilities included a separate room with comfortable chairs and small kitchenette. There was a separate toilet, shower and area for coats. Staff toilets were available alongside administration.

The sluice room and laundry room were contained within a large room which was divided by a wall extending two-thirds across the room to separate the functions. The sluice room with designated wash-hand basin, macerator and sluice sink were in place. Waste was segregated appropriately and there was a clinical waste bin as well as several other areas throughout. The laundry was a much larger space and was clean and tidy.

Sanitary facilities included blocks of toilets on each side for men and women. One of the men's toilets was broken and was awaiting repair. There were two assisted showers. There was a quiet room alongside the showers which staff took residents after their shower to dry their hair if they wished, and some residents like rollers to be put in so this can be done in private.

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*

The register of residents did not contain all the items as listed in Schedule 3: time and cause of death were not included.

General records (Schedule 4)

Substantial compliance

Improvements required*

Petit cash was not maintained in accordance with best practice.

Operating policies and procedures (Schedule 5)

Substantial compliance

Improvements required*

An emergency plan was not in place.

Directory of residents

Substantial compliance

Improvements required*

The register of residents book was not adequate and it did not contain all the items as listed in Schedule 3: time and cause of death were not included.

Staffing records

Substantial compliance

Improvements required*

Staff files were incomplete. The advocate did not have a file in place.

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

The inspector reviewed the incidents and accidents log record and this was well maintained. However, all notifiable incidents including quarterly returns were not notified to the Social Services Inspectorate as outlined in the regulations.

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 have been no absences of the person in charge for such a length that required notification to the Chief Inspector. This was discussed during the feedback meeting and the provider reassured inspectors of her knowledge regarding her notification obligations regarding this.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the designated provider, Teresa O' Donovan, the person in charge, Mary Lyons, two senior nurses, Patricia Murphy and Margaret Coughlan 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

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

18 November 2011

Provider's response to inspection report*

Centre:	St Francis Home
Centre ID:	0574
Date of inspection:	14 November 2011 and 15 November 2011
Date of response:	14 December 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 4: Safeguarding and safety

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

Residents' petty cash was not maintained in accordance with best practice.

Action required:

Ensure that all reasonable measures are taken to protect each resident's finances.

Reference:

Health Act 2007
Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

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

Timescale:

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

Provider's response:	
A residents' petty cash account file has been set up, which contains all transactions of petty cash including a rolling balance and has provided for two signatures by both staff and resident.	Complete

Outcome 5: Health and safety and risk management

2. The provider/person in charge is failing to comply with a regulatory requirement in the following respect:

There was no emergency plan in place to inform safe evacuation or identify where to evacuate residents if the need arose.

Mandatory biannual fire training had not occurred since September 2010.

Weekly and monthly fire safety checks were not undertaken.

Action required:

Ensure there is an emergency plan in place for responding to emergencies.

Action required:

Ensure all staff have mandatory fire drills and practices at suitable intervals and that persons working at the centre and, insofar as is reasonably practicable, residents, are aware of the procedure to be followed in the case of a fire, including the procedure for saving life.

Action required:

Take adequate precautions against the risk of fire.

Reference:

- Health Act 2007
- Regulation 30: Health and Safety
- Regulation 31: Risk Management Procedures
- Regulation 32: Fire Precaution and Records
- Standard 26: Health and Safety
- Standard 29: Management Systems

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

Timescale:

Provider's response:

An emergency plan is being developed and will be put in place within the first quarter of 2012.

31 March 2012

Fire training was planned for 17 November 2011; however, this was cancelled by the Fire and Safety Officer and this will be rearranged for the first quarter of 2012.	31 March 2012
Weekly and monthly fire safety checks have been put in place.	Complete

Outcome 6: Medication management

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

Overall, appropriate and suitable practices relating to medication management was inadequate.

Action required:

Ensure the centre has appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing, and administration of medicines to residents.

Reference:

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

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

Timescale:

Provider's response:

A prescription sheet has been put in place which contains all that was requested by HIQA in their findings.

Photographs will be attached to the drug administration charts within the next week. Expiry dates on medications will be in place on all drug containers from next month. Tool for assessment of self medication is in progress.

Management will provide prescribing doctors and the pharmacist with a copy of the PSI Practice Notice 01/2010 in relation to the provision of medications for residential settings to make them aware of their requirement to comply with same.

30 January 2012

Outcome 7: Health and social care needs

4. The provider/person in charge is failing to comply with a regulatory requirement in the following respect:

All care plans were not comprehensively completed and while some had timely reviews, others had not.

The range of assessments cognisant of the variety of social, psychological and medical needs of residents was not comprehensive.

Comprehensive wound management documentation was not in place.

There was no documented evidence that residents or relatives were involved in their care planning.

Action required:

The resident's care plan shall be kept under formal review as required by the changing needs or circumstances and no less frequently than three-monthly intervals.

Action required:

Ensure each resident has their individual needs assessed to reflect their needs, changes in needs and circumstances during their period of residence.

Action required:

Ensure a high level of evidence-based nursing practice is provided for each resident including relevant assessments including wound management and diabetes.

Action required:

Ensure each resident's needs are set out in an individual care plan developed and agreed with each resident.

Reference:

Health Act 2007
Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 25: Medical Records
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
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>A new system of care planning for residents is being researched to ensure compliance with the standards and will be implemented by mid February 2012.</p>	17 February 2012

Outcome 12: Residents' clothing and personal property and possessions

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

Not all residents had lockable storage facilities in their bedrooms.

Action required:

Ensure that all reasonable measures are taken to protect each resident regarding financial abuse and facilitate each resident to retain control over their personal possessions.

Reference:

Health Act 2007
 Regulation 6: General Welfare and Protection
 Regulation 7: Residents' Personal Property and Possessions
 Standard 9: The Resident's Finances

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All residents will be provided with a lockable storage facility in their bedrooms.</p>	10 January 2012

Outcome 14: Suitable staffing

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

An appropriately qualified registered nurse was not on duty at all times.

All requirements as listed in Schedule 2 were not available for all staff; items missing included three written references, Garda Síochána vetting and medical fitness to undertake the duties for which they are employed.

The residents' advocate was not vetted appropriate to her role and level of involvement

<p>in the centre. She did not have her role and responsibilities set out in a written agreement.</p>	
<p>Action required:</p> <p>Ensure there is an appropriately qualified registered nurse on duty and in charge of the centre at all times.</p>	
<p>Action required:</p> <p>Ensure all the information as listed in Schedule 2 is available for all staff.</p>	
<p>Action required:</p> <p>Ensure that the residents' advocate has her roles and responsibilities set out in a written agreement between the centre and the individual; and vetted appropriate to their role and level of involvement in the centre.</p>	
<p>Reference:</p> <ul style="list-style-type: none"> Health Act 2007 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 	
<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>All necessary checks and documentation will be completed in respect of the residents' advocate.</p> <p>Outstanding written references, Garda Siochana vetting and medical fitness documentation will be provided for staff files. St Francis Welfare Home is currently awaiting the publication of new regulations/standards for welfare homes which do not require a 24 hour nursing presence. The current staff resource is deployed in so far as possible to meet the needs of the existing residents. A review of the home is currently underway in the context of the current financial situation, the government moratorium on staff recruitment, changing needs and models of service delivery to ascertain the future service delivery at St Francis Home. The outcome of this review is anticipated in January 2012.</p>	<p>31 March 2012</p> <p>31 March 2012</p>

Outcome 15: Safe and suitable premises

7. The provider is failing to comply with a regulatory requirement in the following respect: One male toilet was broken.	
Action required: Ensure the centre is kept in a good state of repair including male toilets.	
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: The HSE maintenance department has been notified of the male toilet for repair. All necessary repairs are referred to the HSE's maintenance dept to ensure that the centre is kept in a good state of repair.	14 January 2012

Outcome 16: Records and documentation to be kept at a designated centre

8. The provider/person in charge is failing to comply with a regulatory requirement in the following respect: The Resident's Guide did not contain all the requirements as listed in the regulations. The register of residents did not contain all the items as listed in Schedule 3: time and cause of death were not included.	
Action required: The Resident's Guide shall contain all the items as listed in the regulations.	
Action required: A copy of the Resident's Guide shall be supplied to the Chief Inspector and the person in charge shall supply a copy to each resident.	
Action required: The register of residents shall contain all the items as listed in Schedule 3 including time and cause of death.	

Reference: Health Act 2007 Regulation 26: Insurance Cover Regulation 27: Operating Policies and Procedures Regulation 23: Directory of Residents Standard 1: Information Standard 29: Management Systems Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The residents guide is being updated and will contain all the necessary information. All items as listed in schedule 3 including time and cause of death will be updated.	 13 January 2012 13 January 2012

Outcome 17: Notification of incidents

9. The person in charge is failing to comply with a regulatory requirement in the following respect: All notifiable incidents including quarterly returns have not been notified to the Social Services Inspectorate as outlined in the regulations.
Action required: Ensure that notice is given to the Chief Inspector without delay of the occurrence of those items listed in the regulations.
Action required: Ensure that a written report is provided to the Chief Inspector at the end of each quarter of those items listed in the regulations.
Reference: Health Act 2007 Regulation 36: Notification of Incidents Standard 29: Management Systems Standard 30: Quality Assurance and Continuous Improvement Standard 32: Register and Residents' Records

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All of the above are now being provided to the Social Services Inspectorate.	Complete

Any comments the provider may wish to make:

Provider's response:

We would like to acknowledge the sensitivity with which the HIQA inspectors dealt with residents and staff during the inspection at a time of uncertainty about the future of service provision at St Francis Home.

Provider's name: Teresa O'Donovan

Date: 14 December 2011