

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	St. Louis Nursing Home
<b>Centre ID:</b>	OSV-0000289
<b>Centre address:</b>	Clonmore, Tralee, Kerry.
<b>Telephone number:</b>	066 712 1891
<b>Email address:</b>	nhstlouis@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Yvonne Maher
<b>Provider Nominee:</b>	Yvonne Maher
<b>Lead inspector:</b>	John Greaney
<b>Support inspector(s):</b>	Philip Daughen; Niall Whelton
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	24
<b>Number of vacancies on the date of inspection:</b>	1

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

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.

Regulation has two aspects:

- Registration: 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.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 04 May 2016 09:15 To: 04 May 2016 17:30

The table below sets out the outcomes that were inspected against on this inspection.

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Non Compliant - Moderate
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Major
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 14: End of Life Care	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This was an unannounced inspection and was a follow-up to the registration inspection carried out in June 2015. As part of the inspection process, the inspectors met with the provider, the person in charge, residents, and staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, incident logs, policies and procedures, risk management documentation and staff records.

Overall, residents' healthcare and nursing needs were met to a good standard. Residents were supported by staff to maintain their independence, where possible. Residents had access to medical and allied health services and there was evidence of regular review.

A number of the actions identified at the previous inspection were addressed to a satisfactory level such as the provision of training to staff on responsive behaviour, the installation of a bedpan washer, the installation of an assisted bath and the purchase of televisions. Additionally, based on a sample of care plans reviewed by inspectors, care plans were now reviewed regularly. Even though actions had been taken by the provider and person in charge to address other issues identified at the previous inspection, some had not been addressed satisfactorily. For example, significant improvements were required in relation to medication management. Similar to the previous inspection, a number of residents were prescribed two oral paracetamol containing preparations resulting in a risk that residents could be administered a dose in excess of the maximum recommended daily dose. A number of prescriptions were not clearly legible and the frequency and route of administration was not clearly written.

Improvements were also required in relation to fire safety practices. For example, some fire exit doors were key operated and there were inadequate safeguards to ensure they could be opened in the event of an emergency. The fire alarm panel did not provide adequate detail in relation to the location of the alarm activation, personal evacuation plans did not contain adequate detail, records of fire drills did not contain adequate detail, and a review of fire resistant doors was required to ensure they would perform as required in the event of a fire.

Additional required improvements included:

- fees for laundry services required clarification in relation to what was covered
- the annual review of the quality and safety of care was not sufficiently comprehensive
- some care plans lacked adequate detail
- the call bell system did not always identify the location of the resident
- an exit to external grounds posed a potential trip hazard

The action plan at the end of this report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

***Outcome 01: Statement of Purpose***

***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.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

On the previous inspection it was found that the statement of purpose did not include an adequate description of rooms sizes or their primary function. On this inspection it was found that there was an up-to-date statement of purpose that accurately described the service provided in the centre. It contained all of the information required by the regulations.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

There was a clearly defined management structure with staff reporting to the person in charge, who in turn reported to the provider. In response to the findings of the previous

inspection, a new person participating in management was appointed to take charge of the centre should the person in charge be absent.

There was a comprehensive programme of audits that included audits of the admission procedure, medication management, protection, pain management, falls, bedrails and property log. There was an associated action plan to support the implementation of required improvements. The audit programme was supported by a weekly collection of information on the quality of care that included recording the incidence of pressure sores, restraint, use of psychotropic drugs and weight loss.

On the previous inspection it was identified that there was no annual review of the quality and safety of care in the centre. On this inspection a document was available indicating actions taken in response to audit findings, however, it was not sufficiently comprehensive to constitute an annual review of the quality of safety and care in the centre as required by Regulation 23.

**Judgment:**

Non Compliant - Moderate

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. 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.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There was a residents' guide available to residents and visitors that clearly set out the services provided and facilities available in the centre.

On the previous inspection it was identified that the contracts of care did not clearly set out the fees for additional services such as hairdressing and chiropody. On this inspection it was found that the contracts listed the services provided by the centre, the fees charged and details of support from the nursing home support scheme. The contracts also included additional fees, such as for hairdressing, chiropody and toiletries. Improvements, however, were required as a charge for laundry services had recently been introduced and it was not clear from the contract what laundry services were covered by the nursing home support scheme and what was covered by the additional fee. In addition to this, one resident was being charged for laundry services without this being explicitly stated in the contract of care.

**Judgment:**

Non Compliant - Moderate

***Outcome 05: Documentation to be kept at a designated centre***  
***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Inspectors reviewed documentation in the centre. On the previous inspection it was found that staff files did not contain all the requirements of schedule 2 of the regulations. This was also a finding on this inspection. Based on a sample of staff files reviewed, one did not contain proof of current registration with the relevant professional body. Inspectors were able to determine that the person was registered. Additionally one file did not contain two written references as required.

On the previous inspection it was found that a record of each drug and medicine was not maintained in the centre. New systems were put in place in the interim and on this inspection inspectors were satisfied that this issue was addressed satisfactorily.

**Judgment:**

Substantially Compliant

***Outcome 06: Absence of the Person in charge***

***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.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There was no period when the person in charge was absent from the centre for a period

in excess of 28 days. Suitable arrangements were in place should the person in charge be absent.

**Judgment:**  
Compliant

***Outcome 07: Safeguarding and Safety***

***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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

At the most recent inspection it was identified that not all staff had up-to-date training on responsive behaviour. On this inspection training records indicated that all staff had up-to-date training on responsive behaviour and in recognising and responding to abuse. Staff members spoken with by inspectors were knowledgeable of what constituted abuse and what to do in the event of suspicions or allegations of abuse.

The only form of restraint was bedrails and a register of residents using bed rails was in place. There was an up-to-date policy guiding the use of restraint in the centre. A new restraint assessment form had been introduced since the last inspection, which was used to assess the risk associated with the use of bedrails. Records indicated that when bedrails were in place, residents were checked frequently, based on the needs of individual residents.

**Judgment:**  
Compliant

***Outcome 08: Health and Safety and Risk Management***

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

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**



Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

On the previous inspection, failings were identified relating to hazards observed by inspectors. These hazards included various environmental hazards that could pose a risk to residents such as trailing wires and improper storage of oxygen cylinders. On this occasion, inspectors found that steps had been taken to address these hazards by the provider in the majority of cases, although one case of trailing wires was identified by inspectors within a bedroom running alongside a bed in a manner that could potentially represent a trip hazard. The staff insisted that the location of the wires was at the insistence of the resident concerned.

On the previous inspection, inspectors identified failings relating to the sluicing facilities in the centre. On this occasion, it was found that the provider had purchased and installed a bed pan washer and that it was installed within a dedicated sluice room.

Inspectors also found that the needs of the residents in the event of a fire evacuation had not been assessed on the previous inspection. On this inspection, it was found that the residents' needs in this regard had been assessed by way of personal emergency evacuation plans. However, further improvement was required as the assessments were not clear in all cases on the means of evacuation of residents at night and also the means of transfer of non mobile residents from their beds to the appropriate evacuation aid in the event of a fire evacuation at night.

In general, inspectors found that the centre was laid out in a manner that provided residents and other occupants with an adequate number of escape routes and fire exits. The majority of the final exits were capable of being used at all times, although a number were noted to be locked and required a key to open. In these instances, the key was provided in a break glass box adjacent to the door concerned. However, it was noted that not all staff had the key on their person and the different exits required different keys, which was noted as not being acceptable practice when fire exits are secured in this manner. It was also noted that oxygen cylinders were stored in an escape route from one area of the building, and linen was stored in another, instead of in a dedicated storage room separated from the escape route with fire resistant construction, where they cannot endanger the means of escape from the centre.

Inspectors noted that the centre was subdivided with construction that would resist the passage of fire in most cases. Many of the doors provided throughout the designated centre were equipped with many of the features one would expect see on a fire resistant door. However, inspectors noted that an audit of said doors was required in order to ensure the doors would be capable of fulfilling their function of preventing the spread of fire and smoke throughout the building, as many of the doors appeared to not have all the features required. A number of doors were not provided with the necessary heat and cold smoke seals. Some were not provided with self closing devices and a number, including bedroom doors, appeared to be of lightweight construction.

Inspectors noted that the centre was provided with emergency lighting, fire fighting equipment including both fire extinguishers and fire hose reels, and a fire detection and

alarm system throughout. The fire detection and alarm system was provided with two panels, to assist in speedy identification of the location of any activation should one occur. In addition, the system was capable of displaying the exact location of any activation should one occur. While installation of a system with such capabilities is indicative of good practice, the inspectors noted that some further action was required to ensure that the system could be utilised to its full potential at all times. While in the majority of circumstances, the panel would display the exact location of any detection, a number of the locations were ambiguous in nature, and could potentially require the staff to search a considerable area of the centre in order to determine the exact location of the activation. It was noted that the fire extinguishers were serviced as required. However, the hose reels provided were not.

There was a fire procedure in place within the centre as required. While this was displayed as per the regulations, inspectors found that the procedure did not adequately reflect the principles of phased evacuation, which would be the evacuation procedure in place within a centre of this type. The extent, size and location of the fire compartments necessary for phased evacuation was not clearly defined either as part of the procedure or pictorially displayed in the centre.

The provider had made the necessary arrangements for fire safety training to be provided to staff, and documentation was furnished to inspectors demonstrating that the training covered the topics prescribed by the relevant regulation. Inspectors were told that the training also covered the use of evacuation aids such as ski pads which were provided within the centre. However, inspectors did find that one recently recruited staff member, who was rostered on night time duty on the week of the inspection, had not received said training.

Inspectors found fire drill records indicating that fire drills were being carried out within the centre. While this is indicative of good practice, inspectors found that the fire drill records required more detail in order to demonstrate that all concerned were aware of the procedure and that there is sufficient staff and equipment present at all times to facilitate evacuation in a timely fashion. For example, the records did not indicate the scenario simulated, including the time of day or night the drill took place. The records did not indicate the number of residents, or staff participating as residents, evacuated. The records did not indicate the time taken to evacuate the fire compartment concerned.

**Judgment:**  
Non Compliant - Major

***Outcome 09: Medication Management***  
***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The inspectors reviewed the management of medications in the centre. Regular prescribed medication was supplied to the centre in monitored dosage systems, individually labelled for residents. The medication trolleys were locked and stored in a locked area of the centre. Inspectors observed medications being administered and were satisfied that administration practices complied with relevant professional guidance.

Following the previous inspection, a system had been put in place to monitor the storage of medications to ensure they were all within expiry date. A record was maintained of the expiry date of all drugs in stock. However, inspectors found that one container of medications had expired in the week prior to this inspection but had not been removed from stock and returned to the pharmacy. Multiple dose items, such as eye drops, now contained date of opening and date to be discarded.

Inspectors reviewed the register of controlled drugs and saw that the balances of controlled drugs were checked twice daily at the start of each shift by two nurses. A random spot check of controlled drug balances found that these corresponded to the documented balances. Medication requiring refrigeration were store appropriately and the fridge temperature was monitored and recorded.

Residents had a choice of general practitioner. Medications were supplied to the centre by two pharmacists, one supplied regular medications and the other supplied PRN (as required) medications. A sample of medication prescription and administration sheets were reviewed by inspectors. Each prescription sheet contained a photo of the resident for identification purposes. Prescriptions were reviewed at least every three months, however, a number of improvements were required in relation to medication management practices. For example:

- all prescriptions were hand written but some were not clearly legible
- similar to the finding at the last inspection, a number of residents were prescribed two oral paracetamol containing medications for PRN (as required) use, with the cumulative prescribed dose exceeding the maximum daily dosage of 4g
- one resident was prescribed the maximum recommended daily dosage of paracetamol as a regular prescription but had also been prescribed paracetamol as PRN (as required). Subsequently, any PRN dose administered would result in exceeding the recommended maximum daily dose
- the frequency and route of administration was not clearly written on prescriptions and instead a checkmark was written against the time to be administered. This had the potential to lead to medication errors.
- one resident had two PRN (as required) prescription sheets with the same medicines prescribed on each and neither one was discontinued. This increased the risk of medication errors as the code used to identify which drug was administered was not identical on each sheet.
- one resident had been prescribed a sedative medication with a choice of two dosage strengths to be administered, depending on the resident's needs. From a review of the

administration record it was not possible to decipher which dosage strength had been administered. Additionally, the dosage on the administration record did not correlate with the prescription sheet.

Since the previous inspection a new system had been put in place to monitor the stock of sedative medications that were used on a PRN (as required) basis.

**Judgment:**

Non Compliant - Moderate

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Residents had access to a choice of general practitioner (GP) and there was evidence of regular review. Records were available of referrals and review by allied health/specialist services external to the centre.

Inspectors reviewed a sample of care plans and found that all were reviewed regularly and at a minimum every four months. Recognised assessment tools were used to assess issues such as the risk of falls, nutritional status, skin integrity and mobility status. While a number of the care plans were personalised and provided adequate guidance on the care to be delivered, others were generic and lacked specific detail. For example, the care plan of one resident with diabetes identified that the resident should have blood sugars checked twice daily, however, it did not specify what time this should be done.

There was evidence of good practice in relation to the management of wounds. There was a detailed assessment and care plan in place that included the use of photographs. Records indicated the resident was reviewed regularly by a tissue viability nurse and advice was incorporated into the resident's care plan.

Residents had access to occupational therapy, physiotherapy, speech and language therapy and a dietician and there was evidence of referral and review. Based on a sample of care plans reviewed, advice from these services was incorporated into residents' care plans.

Based on a sample of care plans reviewed, all residents had an assessment form ('A key to me') in their file to assess their social needs. There was a narrative note written by a nurse on each shift detailing the care that was provided and identifying any changes in a resident's condition. These notes were timed and dated.

**Judgment:**  
Substantially Compliant

***Outcome 12: Safe and Suitable Premises***

***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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**  
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The failings identified on the previous inspection were found to be either addressed or in the process of being addressed. For example, an assisted bath had been installed, a bedpan washer had been obtained as previously mentioned and televisions for residents' bedrooms were provided or were in the process of being installed.

The centre is provided in a building originally constructed as a dwelling but repurposed and significantly extended to the rear in order to provide residential accommodation to older people. All accommodation for residents is provided at ground floor level with some staff accommodation at first floor level. All residents are accommodated in either single or twin bedrooms. Communal accommodation for residents comprises a spacious dayroom, decorated in a homely fashion, a dining room, a visitors' room and an enclosed external garden. While the bedrooms are provided with wash hand basins, toilet and washing facilities are provided communally in the main. There is also a kitchen provided where meals for residents are prepared, staffed by dedicated kitchen personnel. Laundry facilities were noted as being provided in a separate building on the same site as the centre.

Inspectors found that in many respects, the premises was laid out to meet the needs of the residents. The centre was found to be clean and warm on the date of the inspection. The inspector found that many areas appeared to have been recently painted. One single bedroom was found to be out of order due to a burst pipe, but the provider was able to manage the situation adequately and was accommodating the resident occupying the room concerned in an adjacent bedroom, which was available for use.

Areas of good practice were identified in relation to maintenance of building services. For example, the electrical installation had been checked by an electrician and a certificate provided to confirm said checks. Handrails were installed through the circulation corridors. Some were identified as requiring sanding at the ends.

It was found that adequate assistive equipment for residents, such as hoists, had been provided for residents and good arrangements were in place for the maintenance of same. There was a call bell system in place within the centre, although the mechanism of same required review to ensure that the staff are directed to the location in which assistance is required in all cases.

The external yard provided was secure and was freely accessible by residents. The door to same was noted by inspectors to have an abrupt level change of floor level adjacent to the door, that while ramped rather than stepped, could still represent a potential trip hazard for residents due to its abrupt nature.

As a result of the previous inspection, the provider installed additional equipment to ensure resident privacy. This included privacy locks on bedroom doors and lockable storage within the bedrooms also. On this occasion, it was noted that while the residents were provided with a facility to lock their bedroom doors, further action was required to ensure that both the privacy and safety of the residents were safeguarded when the locks were in use. The bedroom doors were all equipped with key operated locks that required the use of a key to operate on both the inside and the outside of the door. Additional privacy locks were installed on the doors as a result of the previous inspection, which facilitated residents to lock the door from the inside without a key while also providing a means to override the lock from the outside of the door in an emergency. However, the key operated locks were still in use in addition to these privacy locks on some doors. The means for managing the keys for these was not clear, with the risk remaining that should a resident wish to use this locking device to safeguard their privacy when inside their room, there would be no way to open the door in an emergency if the resident left the key inside the lock.

**Judgment:**

Non Compliant - Moderate

***Outcome 14: End of Life Care***

***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.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There were no residents at active end of life on the day of inspection. At the last inspection it was identified that end of life assessment forms were not completed in full. On this inspection it was found that end of life assessments were completed to varying degrees depending on whether or not the residents wished to discuss end of life.

All residents had regular oral hygiene assessments. Where there were concerns in relation to residents' dietary or fluid intake, intake charts were commenced and the resident was referred to the relevant allied health service for review. There were pain assessment charts in use for residents requiring PRN (as required) pain analgesia.

There was evidence of regular visits by the general practitioner and specialist palliative care services were accessed when required. Visitors were facilitated to be with residents at end of life at all times.

**Judgment:**  
Compliant

***Outcome 17: Residents' clothing and personal property and possessions***  
***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.***

**Theme:**  
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Residents had adequate storage facilities in their bedrooms to store their clothing and personal belongings. At the most recent inspection, in one bedroom, the wardrobe space for a resident was inadequate. A new wardrobe had been purchased by the provider and on this inspection all residents had adequate wardrobe space.

There were up to date records of residents' property and clothing maintained in their files. All bed linen and personal clothing was now laundered in the centre, with the exception of residents that had their clothes laundered by their families. A new system was in place for labelling clothes and the problem of clothes going missing appeared to be resolved.

**Judgment:**  
Compliant

***Outcome 18: Suitable Staffing***  
***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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**  
Workforce

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Staff rosters were reviewed by inspectors and a nurse was always on duty to meet the needs of the residents. Evidence of registration with the relevant professional body was available for all but one of the nursing staff. While the record of current registration was not available in the staff member's personnel record, inspectors were able to confirm that he/she was registered. This action is addressed under Outcome 5.

Staff training records were reviewed and all staff were found to have up to date training on fire safety, recognising and responding to abuse, responsive behaviours and moving and handling of residents.

Staff were observed throughout the inspection to interact warmly and respectfully with residents. The inspectors spoke with many residents who all spoke positively about staff in the centre.

**Judgment:**  
Compliant

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

John Greaney  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority



## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	St. Louis Nursing Home
<b>Centre ID:</b>	OSV-0000289
<b>Date of inspection:</b>	04/05/2016
<b>Date of response:</b>	14/06/2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 02: Governance and Management

#### Theme:

Governance, Leadership and Management

#### **The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

While a document was available indicating actions taken in response to audit findings, it was not sufficiently comprehensive to constitute an annual review of the quality of safety and care in the centre as required by Regulation 23.

#### **1. Action Required:**

Under Regulation 23(d) you are required to: Ensure there is an annual review of the

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

An annual review of the quality and safety of care delivered to residents in the Home to ensure that care is in accordance with relevant standards set by the Authority under section 8 of the Act will be provided. The QMS is a new feature of our governance and has not been a year in operation.

**Proposed Timescale:** 30/06/2016

**Outcome 03: Information for residents**

**Theme:**

Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Improvements were required in relation to the contract of care as a charge for laundry services had recently been introduced and it was not clear from the contract what laundry services were covered by the nursing home support scheme and what was covered by the additional fee. In addition to this one resident was being charged for laundry services without this being explicitly stated in the contract of care.

**2. Action Required:**

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

All contracts of care will include details of the fees, if any, to be charged for such services

**Proposed Timescale:** 30/06/2016

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**

Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Based on a sample of staff files reviewed, one did not contain proof of current registration with the relevant professional body. Inspectors were able to determine that the person was registered. Additionally one file did not contain two written references as required.

**3. Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

All staff files will be audited and all information set out in schedule 2 will be present. We will ensure that all records set out in Schedules 2, 3 and 4 are kept in a nursing home and are available for inspection by the Chief Inspector.

**Proposed Timescale:** 30/06/2016

**Outcome 08: Health and Safety and Risk Management****Theme:**

Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The personal emergency evacuation plans (peeps) were not clear in all cases on the means of evacuation of residents at night and also the means of transfer of non mobile residents from their beds to the appropriate evacuation aid in the event of a fire evacuation at night.

The fire / evacuation procedure did not adequately reflect the principles of phased evacuation as described in the findings.

**4. Action Required:**

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

The personal emergency evacuation plans (PEEPs) will be re done and will set out clearly in all cases the means of evacuation of residents at night and also the means of transfer of non mobile residents from their beds to the appropriate evacuation aid in the event of a fire evacuation at night.

The fire / evacuation procedure has been updated and now adequately reflects the principles of phased evacuation as described in the findings.

**Proposed Timescale:** 30/06/2016

**Theme:**

Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Some fire exits locked with key operated locks were not provided with appropriate safeguards to ensure they can be opened in the event of an evacuation.

Some combustible materials and oxygen cylinders were not stored in a dedicated storage room separated from the escape route with fire resistant construction where they cannot endanger the means of escape from the centre.

The arrangements in place for the on-going maintenance of the hose reels provided within the centre were not adequate.

**5. Action Required:**

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

All fire exits locked with key, locks will be provided with appropriate safeguards to ensure they can be opened in the event of an evacuation. This will be done in the form of a master key held on the nurses key ring.

All combustible materials and oxygen cylinders will be stored in a dedicated storage room separated from the escape route with fire resistant construction where they cannot endanger the means of escape from the centre.

Our Maintenance Schedule checklist will be updated with the addition of the hose reel to ensure the on-going maintenance of the hose reel is provided.

**Proposed Timescale:** 01/07/2016

**Theme:**

Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provision of fire resistant doors throughout the centre required review in order to ensure that fire resistant doors are provided where required and that any fire resistant doors already installed have all the features necessary to ensure they can perform as required in the event of a fire.

A number of the locations that would potentially be displayed on the fire detection and alarm system panel were ambiguous in nature, and could potentially require the staff to search a considerable area of the centre in order to determine to the location of the activation.

**6. Action Required:**

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

We will engage our engineer to examine all fire doors and report on work required which will then be undertaken immediately.

We will engage our alarm provider to clarify all locations on the Alarm and remove any ambiguity for staff.

**Proposed Timescale:** 01/07/2016

**Theme:**

Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

One recently recruited staff member, who was rostered on night time duty on the week of the inspection, had not received fire training.

**7. Action Required:**

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

All staff will have up to date fire training, including the procedures to be followed should the clothes of a resident catch fire.

The training provided to staff includes training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques.

**Proposed Timescale:** 03/08/2016

**Theme:**

Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The fire drill records required more detail in order to ensure both inspectors and the provider that all concerned are aware of the procedure and that there is sufficient staff and equipment present at all times to facilitate evacuation in a timely fashion.

**8. Action Required:**

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the

designated centre and residents are aware of the procedure to be followed in the case of fire.

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

The fire drill records will be maintained

to include more detail in order to ensure both inspectors and the Provider that all staff and residents are aware of the procedure and that there is sufficient staff and equipment present at all times to facilitate evacuation in a timely fashion.

**Proposed Timescale:** 30/06/2016

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Since the most recent inspection, a system had been put in place to monitor the storage of medications to ensure they were all within expiry date. A record was maintained of the expiry date of all drugs in stock. However, inspectors found that one container of medications had expired in the week prior to this inspection but had not been removed from stock and returned to the pharmacy.

**9. Action Required:**

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

All medicinal products will be disposed in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product. All medicinal products which are out of date or no longer required by a resident are stored in a secure manner, segregated from other medicinal products.

**Proposed Timescale:** 03/08/2016

**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

A number of improvements were required in relation to medication management

practices. For example:

- all prescriptions were hand written but some were not clearly legible
- similar to the finding at the last inspection, a number of residents were prescribed two oral paracetamol containing medications for PRN (as required) use, with the cumulative prescribed dose exceeding the maximum daily dosage of 4g
- one resident was prescribed the maximum recommended daily dosage of paracetamol as a regular prescription but had also been prescribed paracetamol as PRN (as required). Subsequently, any PRN dose administered would result in exceeding the recommended maximum daily dose
- the frequency and route of administration was not clearly written on prescriptions and instead a checkmark was written against the time to be administered. This had the potential to lead to medication errors.
- one resident had two PRN (as required) prescription sheets and neither one was discontinued, which again increased the risk of medication errors
- one resident had been prescribed a sedative medication with a choice of two dosage strengths to be administered, depending on the resident's needs. From a review of the administration record it was not possible to decipher which dosage strength had been administered. Additionally, the dosage on the administration record did not correlate with the prescription sheet.

#### **10. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

We will ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

We will ensure as far as possible that all prescriptions are clearly legible

We will ensure the frequency and route of administration is clearly written on prescriptions in order to avoid medication errors.

All dosages on the administration record will be checked and correlate with the prescription sheet.

**Proposed Timescale:** 30/06/2016

### **Outcome 11: Health and Social Care Needs**

#### **Theme:**

Effective care and support

#### **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

While a number of the care plans were personalised and provided adequate guidance on the care to be delivered, others were generic and lacked specific detail. For example, the care plan of one resident with diabetes identified that the resident should have

blood sugars checked twice daily, however, it did not specify what time this should be done.

**11. Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

All care plans will be personalised and provide adequate guidance on the care to be delivered. All care plans will be based on assessments referred to in Regulation 5(2), for a resident no later than 48 hours after the resident's admission to the Home.

**Proposed Timescale:** 30/08/2016

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The premises required remedial action in order to meet the needs of the residents in the following respects:

Some handrails were identified as requiring sanding at the ends.

The mechanism of the call bell system required review to ensure that the staff are directed to the location in which assistance is required in all cases.

The change in floor level adjacent to the access door to the external area represented a potential trip hazard for residents due to its abrupt nature.

The arrangements in place for the locking of residents' bedroom doors required review to ensure that both the privacy and safety of the residents were safeguarded when the locks were in use.

**12. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Handrails identified as requiring sanding at the ends will be sanded.

The call bell system will be reviewed to ensure that the staff are directed to the location in which assistance is required.



The change in floor level adjacent to the access door to the external area will be addressed to avoid a trip hazard for residents due to its abrupt nature.

We will review the arrangements in place for the locking of residents' bedroom doors to ensure that both the privacy and safety of the residents is safeguarded when the locks are in use.

**Proposed Timescale: 30/07/2016**