

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Luke's Home
Centre ID:	OSV-0000290
Centre address:	Castle Road, Mahon, Cork.
Telephone number:	021 435 9444
Email address:	info@stlukeshome.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Luke's Home Cork Company Limited by Guarantee
Provider Nominee:	David O'Brien
Lead inspector:	Mairead Harrington
Support inspector(s):	Michelle O'Connor
Type of inspection	Announced
Number of residents on the date of inspection:	128
Number of vacancies on the date of inspection:	0

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.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 October 2017 09:00	05 October 2017 17:30
06 October 2017 09:00	06 October 2017 17:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection at St Luke's Home (Mahon) CLG. The purpose of the inspection was to monitor compliance with regulations and standards. Current registration is due to expire on the 21 May 2018. As part of the inspection process the inspectors met with a number of residents, the person in charge, representative of the provider entity, relatives and

visitors, persons participating in management and numerous other staff members. The inspectors observed practice, assessed governance and reviewed clinical and operational documentation such as policies, procedures, risk assessments, reports, residents' files and training records. The inspection also involved an assessment of the environment and health and safety provisions.

The findings of the inspection are described 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 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland. Previous inspections of the centre demonstrated that a high standard of care was provided in keeping with evidence-based practice. The last inspection of this centre took place on 15 February 2016. A copy of that report is available at www.hiqa.ie. That inspection had focused on care in relation to residents with dementia or a cognitive impairment. The provider had responded with an effective and relevant plan of action to address the issues identified. The provider confirmed that planned quality improvements in relation to the provision of dementia related training, care and facilities were an ongoing commitment. Actions from the previous inspection had been satisfactorily completed.

The service was delivered through St Luke's Home (Mahon) CLG. The company is limited by guarantee and governed by a board of directors. The company has provided service at the centre since opening at its current location in 1994.

The centre operated in keeping with its statement of purpose through a clearly defined management structure. The chief executive represented the service providing entity. The person in charge was supported by an assistant director of nursing with appropriate administrative and managerial support. Members of the management team were accessible and responsive to all queries throughout the inspection process. Systems of delegation and accountability were in place. The premises and grounds were very well maintained and appropriately accessible. Residents had regular access to the services of a general practitioner (GP), and other healthcare professionals as required. Staff had received appropriate clinical and professional training. Management systems that supported accountability and supervision were in place.

The provider invested resources effectively to deliver a creative programme of activities that were diverse and that supported the independence and autonomy of residents, in keeping with their assessed abilities and their expressed preferences. The safety of residents, staff and visitors at the centre was seen to be actively promoted and a centre-specific risk management policy was in place. The staff and management team demonstrated a commitment to the provision of a quality service providing person-centred care. The inspectors spoke with residents and relatives during the inspection and also reviewed survey questionnaires. This feedback was generally very positive and confirmed that information on how to address any concerns that might be raised was also provided. Overall, the inspection findings were positive and substantially compliant with the regulations. Areas for

improvement are outlined in the relevant outcomes of the report on training and privacy of accommodation.

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 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):

No actions were required from the previous inspection.

Findings:

The Statement of Purpose contained a statement of the designated centre's aims, objectives and ethos of care. Inspectors noted that these values were reflected in care practices observed. Residents were encouraged and facilitated to attain optimal physical and mental health with the help of staff and allied health professionals. The Statement of Purpose accurately described the facilities and services available to residents, and the size and layout of the premises. St Luke's Home, Mahon, CLG provides general residential, dementia specific, acquired brain injury and palliative care.

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):

No actions were required from the previous inspection.

Findings:

The centre was a well established nursing home that was operated by St Luke's Home

(Mahon) CLG, a registered charity. Governance was via a board of directors. There had been no substantive change to the management structure, or the arrangements for governance and accountability, since the previous inspection. The chief executive acted as representative of the entity providing the service. The statement of purpose set out the organisational structure that identified roles and related responsibilities. There was a clearly defined management structure that included administrative support and senior nursing staff. Care was directed through the person in charge with responsibilities delegated appropriately to persons participating in management. The centre was well resourced with nominated officers holding responsibility for the management of administration and facilities. Throughout the inspection the person in charge and other members of management were available and responsive in providing information and documentation as required by the inspection process.

Effective management systems were in place to monitor the provision of service and ensure safety and consistency of care. There was a communication framework and regular meetings took place between staff and management in areas of household, catering and clinical care. Minutes of these meetings were reviewed that indicated learning identified as a result of audits was discussed and action plans were implemented. Staff with responsibility for following up on actions were identified and milestones for completion were set. Communication systems were further supported by regular handover meetings around resident care that took place daily. Systems were in place to support consultation with residents and their relatives. Management demonstrated a commitment to engaging residents around choice and obtaining feedback on their experience of the service. A regular resident forum took place and feedback via satisfaction surveys was also available for reference. Relatives had an opportunity to attend consultation meetings on a quarterly basis.

In keeping with statutory requirements a report on the annual review of the quality and safety of care had been completed. A copy was available for reference. This report summarised the quality data gathered in the preceding year and also set out goals and objectives against the national standards for completion in the coming year. Areas of focus included medication management, care plan documentation, infection prevention and control, dysphagia, restraint and the use of bed-rails, for example. The management systems in place demonstrated that the service provided was effectively monitored to ensure that care was appropriate to the assessed needs of the residents.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

A guide to the centre was included in an information pack for prospective residents and was available in the reception area. This pack also contained the 'Statement of Purpose', an information leaflet, an application form for long term care, the last inspection report, the certificate of registration, the policy on complaints and a sample contract of care. The resident's guide described the services and facilities available, management team, visiting arrangements and the complaints process.

Each resident was provided with a contract of care on admission, as required under Regulation 24 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The contract of care template was amended in the course of inspection to reflect the type of accommodation to be provided for a resident in keeping with Statutory Instrument No. 293 of 2016.

The contract of care detailed services covered under the overall fee for the designated centre, such as accommodation, nursing and medical care and facilities for religious practice, social programmes and activities. Services such as chiropody or podiatry, ophthalmic or dental services were available on referral or appointment and incurred a fee accordingly. In-house activities, the social programme and transport for external social outings were covered by subvention through fund raising efforts.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There had been no change to this appointment since the previous inspection. The person in charge was appropriately qualified with extensive clinical experience and knowledge to ensure suitable and safe care in keeping with requirements. During the two days of the inspection, the person in charge demonstrated a well developed knowledge of legislation and the associated statutory responsibilities of the role. The person in charge was fully engaged in the governance and administration of the centre and articulated a commitment to the provision of high quality, person-centred care on a consistent basis. There was evidence of regular engagement with residents and their

representatives, members of the management team, the activities team, the care staff and nursing staff. The person in charge was also able to demonstrate initiatives that promoted improvement in relation to residents' care, such as the continuous updating of training programmes and the effective resourcing of an extensive social activities programme. The appointed role carried appropriate authority, accountability and responsibility for the delivery of service and management of care.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that the designated centre had all of the written operational policies as required by Schedules 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. These were centre- specific and referenced the latest national policy, guidance and guidelines. Policies were reviewed every three years or more frequently where required. Policies were maintained electronically and staff had access to the most current information. Staff were required to attend policy awareness sessions at least every two years.

Records listed in Schedules 2, 3 and 4 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Inspectors reviewed a sample of staff files and found that all the requirements of Schedule 2 had been met. A Directory of Residents was maintained in keeping with Regulation 19 that contained the relevant information required under Schedule 3. Evidence was also seen that the centre was adequately insured against injury to residents and loss or damage to residents' property.

Inspectors saw that all records were securely stored and easily retrievable. Some older records were archived off-site. All electronic data was backed up using on-site servers.

Judgment:

Compliant

<p>Outcome 06: Absence of the Person in charge <i>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.</i></p>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Management understood the statutory requirement to inform the Chief Inspector of any proposed absence of the person in charge for a continuous period of 28 days or more. Arrangements were in place for the Assistant Director of Nursing (ADON) to cover any such absences by the person in charge; this member of staff was suitably qualified and demonstrated the necessary level of experience and knowledge to deputise in the role.</p>
<p>Judgment: Compliant</p>

<p>Outcome 07: Safeguarding and Safety <i>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.</i></p>
<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s):</p> <p>Findings: Systems were in place at the centre to support the safety and protection of residents. These included provisions in relation to the general security of the premises, as well as policies and procedures that reflected national policy and statutory requirements around safeguarding residents. The inspectors met with members of staff who understood their duties of care and had received relevant training to support them in the prevention, recognition and response to allegations of abuse. A nominated member of staff had designated responsibility for the receipt of such reports. Appropriate procedures were in place to record and investigate incidents including the notification of other relevant authorities, as required. However, refresher training for a small number of staff was</p>

overdue.

Inspectors met with residents and visitors who all remarked positively on their sense of security and safety at the centre. This feedback was also reflected in questionnaires and surveys that were reviewed. Systems to protect residents included an attended reception area and a signed register of visitors. Residents were clear on who was in charge and who they could go to should they have any concerns they wished to raise. The centre implemented robust policies and procedures in relation to the appointment of staff that ensured the necessary security vetting was in place for all new staff, or volunteers, before they commenced their role.

Procedures and practice in relation to the management of dementia related care had been found to be compliant during a dementia focused inspection in February 2016. The current inspection also returned positive findings in this regard. There was a regular programme of training on care in relation to dementia and the management of responsive behaviours (how people with dementia or other conditions communicate or express their physical discomfort, or discomfort with their social or physical environment). An inspector reviewed behavioural care plans with members of staff who were consistent in their understanding of how to follow and implement such plans of care. This understanding included an awareness of the circumstances that might lead to a change in behaviour and an ability to implement strategies to manage these circumstances, such as the use of diversion, or a change of setting, to provide supportive reassurance.

A restraint policy was in place that promoted a restraint-free environment with the stated aim that underlying factors be considered and restraint used only as a last resort. Assessments had been undertaken to ensure that the use of restraint, such as bed-rails, was safe and appropriate. These assessments were documented on individual care plans. Where bed-rails were in use, records were maintained that reflected regular monitoring, as required. Appropriate protocols were in place around the use and monitoring of psychotropic medicines and oversight of such use included a regular audit process.

Policies on the management of resident finances and property were in place. There were appropriate processes to ensure the safe storage and return of personal belongings. Residents were provided with lockable storage units and several residents were seen to manage the security of their own rooms. Arrangements were in place for the management of money belonging to residents. Receipts for expenditure were retained and there were double signatures to verify transactions. An inspector reviewed a sample of balances that reconciled with the recorded information on the resident account.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

St Luke's Home had policies and procedures relating to health and safety and an up-to-date health and safety statement. An emergency response plan contained instructions on how to respond to major incidents likely to cause death or injury, serious disruption to essential services or damage to property. The risk management policy included all of the items set out in regulation 26(1). Risks were assessed, prioritised and addressed using action plans contained within a risk register. Arrangements were in place for investigating and learning from any serious incident or adverse event.

Suitable fire-safety equipment was available throughout the centre. Fire evacuation procedures were prominently displayed. The fire alarm and emergency lighting were regularly serviced by external contractors and in-house checks were carried out by staff. A test of the fire alarm system and response was conducted on a weekly basis. Management retained appropriately qualified professional services to manage planning in relation to fire-safety arrangements. Staff regularly participated in fire-drills and staff spoken with by inspectors understood how to respond in the event of a fire. However, refresher training in fire-safety was overdue for a small number of staff. The centre retained the services of a facilities management company to maintain the premises, equipment, and laundry services. Inspectors saw evidence of ongoing maintenance and improvements. A record of equipment servicing was maintained electronically. Hoists and assistive equipment were serviced twice a year.

Policies and procedures on infection control were consistent with national guidelines. Alcohol-rub and hand-washing facilities were present throughout the centre. Separate hand-wash sinks were available in areas where infected material or clinical waste was handled. An infection prevention and control committee oversaw improvements in this area.

Awareness raising posters and information leaflets were available at reception regarding influenza and winter vomiting bug outbreaks. An information event in relation to the management of infection control around influenza and hand hygiene was scheduled in November 2017. Staff were encouraged to avail of a 'flu vaccination programme. All new admissions to the centre were offered vaccination. Inspectors observed good practices by staff during the inspection and audits reviewed confirmed a high level of compliance with best practice regarding infection control. Management had appropriate protocols in place to manage circumstances in the event of an infectious outbreak.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

There were written operational policies and procedures in place in the centre relating to the ordering, prescribing, storing and administration of medicines. There was a system in place to ensure all medicines received by the centre were appropriately checked. All medicines, including controlled drugs, were securely stored with appropriately restricted access. Where medicines were refrigerated, temperatures were being recorded and monitored. Dates of opening were recorded on medicines, such as eye drops. The centre had appropriate protocols in place for the storage and disposal of unused or out-of-date medicines. A system was in place to record and monitor medicine related incidents and any learning from this process, along with audit outcomes, were reviewed during regular clinical governance meetings.

Prescription sheets contained the necessary biographical information, including a photograph of the resident. A sample of prescription records was reviewed and where PRN (as required) medicines were prescribed, relevant maximum daily dosages had been indicated by the prescriber. Where residents required their medicines to be crushed prior to administration, this practice was appropriately authorised by the prescriber and documentation was in place to this effect. At the time of the inspection no residents were responsible for administering their own medicines.

An inspector reviewed processes and practice around the administration of medicines. Nursing staff demonstrated an effective knowledge of residents' individual medication requirements. Nursing staff were observed to administer medicines safely and in keeping with professional guidelines. Relevant training was available to nursing staff and records indicated that these staff undertook updated training on a regular basis. A signature bank of administering staff was in place and nursing staff had access to compliance information for reference, if necessary.

Judgment:

Compliant

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. A record of all notifications and associated investigations and documentation was also made available to inspectors. A quarterly report was provided to the Authority to notify the Chief Inspector of any incident which did not involve personal injury or harm.

Judgment:

Compliant

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):

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

Findings:

The previous inspection had identified substantial compliance in relation to the provision of care and training to meet the needs of residents with dementia or cognitive impairment. Inspectors saw evidence that quality of care continued to be supported by a commitment to health promotion and the encouragement of independence and autonomy in relation to personal preferences around daily activities and social engagement. This outcome sets out the inspection findings relating to healthcare, assessment and care planning. The social care of residents is comprehensively covered in Outcome 16.

The centre had put in place appropriate arrangements to meet the health and nursing needs of all residents. There was an effective admissions procedure that included a pre-admission review and assessment by the resident social worker, as well as a comprehensive health and welfare assessment by a qualified nurse. Care plans were maintained electronically. An inspector reviewed care plans with members of staff and found that information was maintained in keeping with the changing needs of residents. The electronic system provided effective oversight of all aspects of care planning and was easy to review. Timely and comprehensive assessments were carried out on areas such as nutrition, mobility, skin integrity and cognition, for example, with care plans

reviewed on at least a four monthly basis, or as care needs might change.

There was a comprehensive monthly care plan audit that monitored key areas of care; it included a section for recording specific issues to be addressed and any corrective or preventative action to be implemented. Staff explained that nominated staff had responsibility for implementing actions and that a regular clinical governance review took place to ensure that actions were implemented. Care plans reflected communication and consultation with residents, and their families. The care planning process involved the use of validated tools to assess residents' risk of falls, nutritional status, level of cognitive impairment and skin integrity, for example. Care plans provided guidance to staff on the delivery of care in keeping with the assessed needs of residents. The centre provided regular access to the services of allied healthcare professionals such as a speech and language therapist, dietitian, optician and chiropodist, for example. The centre also retained the regular services of a physiotherapist. Residents could retain the services of their own general practitioner (GP). Since the previous inspection arrangements had been implemented for on-site access to the services of an occupational therapist, on at least a monthly basis. Regular referrals for dentistry took place if required.

There were arrangements to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Where residents might experience a fall, risk assessments were revised, medications reviewed and care plans were updated to include interventions to mitigate the risk of further falls. Specific plans of care were in place for individual issues such as the management of wounds and pain, or nutrition and the risk of aspiration. Measures to promote good health and ensure early detection of illness included a programme of vaccination, the routine recording of measured vital signs, and the regular recording and review of any significant weight loss. Correspondence relating to hospital transfer arrangements included relevant information about residents' health, medications and communication needs. Inspectors noted that effective planning processes on the sample of care plans assessed were consistent with previous inspection findings.

Judgment:

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 centre was a purpose-built facility, in operation on the current site since 1994. The building was set in extensive grounds and provided secure parking facilities.

The centre provided accommodation for up to 128 residents and was at full occupancy at the time of inspection. The centre was laid out over two floors with central access via the main entrance and reception area. Accommodation and facilities, such as the restaurant and communal areas, were all located on the ground floor. Offices and administration were mainly on the first floor and access to this area was restricted. Communal resources for general use were located along the central reception area. Here residents had access to a large oratory for religious services and a spacious activity area that was bright with natural lighting. There was an arts and craft room and a separate library. Residents also had access to a hairdressing facility in this area. The centre supported social events and there was a designated activity room with a bar facility to accommodate specific occasions.

Accommodation was arranged throughout four nominated 'houses' or units – each had appropriate facilities in keeping with requirements, such as sluice facilities, a kitchenette, storage space for equipment and treatment or consultation areas. Accommodation was provided for 30 residents, comprising 18 single, two twin, and two four-bedded rooms, on each of three of the units. The fourth unit was configured for residents with dementia or a cognitive impairment, and the design and layout of this unit was in keeping with its dementia-specific purpose. Accommodation on this unit was laid out in a north and south wing, comprising 12 single and two twin rooms and accommodating 28 residents in all. Overall, the centre provided 84 single bedrooms, 10 twin-bedrooms and six four-bedded rooms - all with en-suite facilities including toilet, shower and hand-wash basin. Additional communal shower and toilet facilities were also accessible.

Each unit had a reception area and nursing station. Residents' rooms were laid out to either side of a central, communal sitting area with a separate dining area. Communal areas in all units were furnished in a homely style with dressers and soft furnishings. Hand-rails were provided in circulation areas and there were grab-rails in shower and toilet facilities. Specialist assistive equipment was available and appropriately stored.

Residents' rooms were personalised to varying degrees with individual belongings and memorabilia. Each room provided a bedside locker, chair and wardrobe. The centre was thoughtfully decorated with pictures, paintings, familiar furniture and soft furnishings throughout. Furnishings were in good condition and comfortable. Staff had access to separate changing and storage facilities. The centre was well maintained and comfortable with effective systems for heating and lighting.

There was good use of natural light in both private and communal areas. Residents had access to an enclosed garden area with seating. Residents could also take walks or mobilise in electric chairs in the extended grounds. Day rooms were accessible on each unit that provided seating for residents and visitors. The centre had further developed the environment since the previous inspection providing an enhanced mural feature in the dementia unit to support residents in the access and use of external space.

Orientation signage had also been improved and notices were displayed at a lower level and in larger print.

Judgment:

Compliant

Outcome 13: Complaints procedures

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.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy and procedure for management of complaints that was kept under regular review. A summary of the complaints process was included in the statement of purpose and was also clearly displayed at reception. In keeping with statutory requirements, the procedure for making a complaint included the necessary contact details of a nominated complaints officer. The process also outlined a system for internal appeal and identified the nominated individual with responsibility for oversight of the complaints process. Contact information for both the independent advocate and the office of the Ombudsman was also provided. A summary of the analysis of complaints was outlined in the annual quality review and available for reference.

An inspector reviewed a sample of the recorded complaints and noted that information was documented in keeping with requirements, including details of any investigation into the complaint and whether or not the complainant was satisfied with the outcome. For example, issues in relation to the laundry service had been identified as an area of concern for residents. These had been addressed and recent feedback at residents' meetings had reflected comments that were now complimentary of the service. The person in charge explained the procedures for receiving and acting on a complaint. These procedures were in keeping with statutory requirements. At the time of inspection there were no complaints active on the register and no complaint had been referred for review via the appeal process.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

There was a comprehensive policy on the provision of care at end of life that was kept under regular review. The policy provided relevant guidance on the emotional, psychological and physical aspects of resident care at this time. Procedural guidance on matters in relation to the administration and documentation of circumstances around death was also provided. The policy referenced arrangements for the provision of pastoral care, in keeping with expressed religious preferences. The arrangements in place, as summarised by management, were in keeping with the requirements of the resident profile of the centre at time of inspection. The centre demonstrated a proactive approach to the gathering and review of information on residents' expressed wishes in relation to their preferences for care. Management were committed to developing the understanding of staff in relation to these needs and preferences. There was an ongoing programme of training at the centre. An inspector reviewed planning processes and noted that a multidisciplinary approach was undertaken in considering information, to include consultation with a medical practitioner and the resident, where possible. The centre had meaningful access to the support and services of a palliative care team.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors saw that residents were provided with nutritious and wholesome fresh food and drink at times, and in quantities, adequate to their needs. Menus were prepared each week by the head chef. Food supplies were sourced locally and suppliers delivered fresh foods throughout the week. There was an efficient labelling and traceability system in operation. The dry goods, cold store and freezer stores were seen to be well stocked.

There was evidence of effective communication between the dietitian, speech and language therapist, kitchen, nursing and care staff. The dietitian and speech and language therapist attended the centre on a weekly basis. Nutrition care plans were reviewed regularly, or more frequently when monthly weight checks indicated a pattern of concern. A validated tool was used to assess resident needs in relation to nutrition. Nursing staff regularly updated individual diet sheets that specified the diet type and consistency or modification for food and fluids. This information also reflected personal likes and dislikes, and recorded daily menu preferences. Residents spoken with were complimentary of the food quality and choice. Menus including allergen information were posted on notice boards throughout the centre. Menus were reviewed regularly by the dietitian and audited by an external nutrition company. A refreshment trolley serviced communal areas and private bedrooms on a regular basis throughout the day.

Inspectors observed that most residents took their meals either in the dining area of each unit or in the central restaurant area. Residents also had choice around taking meals in their room if they wished. Residents were encouraged to eat independently and assistive cutlery was provided to support individual needs. Dining areas were bright and well decorated, with tables set out for individuals and small groups. Separate tables were prepared for residents who required assistance with their meals. Residents were seen to be assisted in a discreet and sensitive manner by staff. Effort was taken to enhance the dining experience and catering staff explained how coloured desserts were provided to mark particular sporting events and competitions, for example.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

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

Findings:

The centre provided opportunity for consultation with residents and relatives in a number of ways. A regular resident forum took place and feedback was also obtained through surveys and questionnaires. Feedback from questionnaires, and discussion with residents and relatives during the inspection, were positive and confirmed that residents

and relatives were generally very satisfied with the facilities and care provided at the centre. Some residents said they were "always given choices, when to have meals, when to get up and go to bed", they described the "constant care and attention" and that facilities were "like a hotel". Inspectors also saw evidence that feedback from residents was used to inform care practices and quality of life improvements. Minutes of meetings were maintained and any actions taken to address issues raised were later communicated through a letter from management. A suggestion box was in place in the reception area of the building. Residents had access to independent advocacy services and relevant posters with contact details were displayed throughout the centre.

Residents were supported in the exercise of civic duties. A secure ballot box was provided for residents to participate in election processes. Residents had access to local and national newspapers. Television and radio was widely available and residents were also seen to use personal phones and devices for communication. There was a library near the reception area and an adjacent art room with plenty of materials to support creative activities. Religious services were held regularly in the large oratory. A pastoral care team were available to provide support to residents, relatives and staff at times of illness and bereavement.

There were no visiting restrictions at the centre except under circumstances that might require infection prevention and control. Residents had choice as to where they could receive visitors and private areas were available if required. Corridors were wide with seated alcoves for use by residents and visitors. Visitors were also able to dine with residents in the spacious central restaurant area. There were a number of smaller sitting rooms on each unit for use by residents during the day. These areas were decorated in a homely style with comfortable seating and usually a television. Residents and visitors could access a secure enclosed garden area with seating and shade. There was a regular hair-dressing service and a well equipped facility for use by residents.

The centre could access nearby public walkways on the waterfront. Inspectors saw a number of residents being taken out for trips to the waterfront in the centre's 'tri-shaw' (a type of pedi-cab) that was clearly a source of great enjoyment for those residents able to avail of the facility. Relevant risk assessments for its use were available for reference and staff accompanying residents had received training for this activity. Activities were subsidised through fund raising and there was no additional charge to residents for these services. Members of staff with responsibility for activities described a diverse programme in keeping with residents assessed needs and abilities. Activities included; Sonas, art, bingo, knitting, cards, yoga, tai chi, men's club, ladies club, reading, hand massage, baking, flower arranging, relaxation sessions and ladies manicures. Records were maintained regarding attendance at activities and participation.

The centre provided a transport facility and inspectors saw residents going on various outings to the cinema, art gallery and shopping on both days of the inspection. Seasonal events and birthdays were celebrated and the previous week had seen local media attend to celebrate a resident's centenary birthday. Local schools volunteered at the centre and helped resident's with specific tasks including teaching computer skills and navigating the internet. The centre also hosted community group performances.

Inspectors noted that the mission statement set out in the statement of purpose to support the 'autonomy and the pursuit of personal goals' was actively promoted. Staff were seen to engage positively with residents and observe courtesies in communication. Residents spoken with confirmed that they were provided with relevant information about available activities, and had freedom to exercise choice around how and where they might spend their day. Residents' rooms were well maintained and personalised to varying degrees. Residents said if they needed something they would use the call-bell and someone would attend.

Staff and management articulated a commitment to person-centred care and an understanding of resident rights and entitlements in relation to privacy, respect and dignity. Where CCTV was in use it was in keeping with an associated policy that reflected the requirements around data protection. Protective screens to promote privacy were in use where rooms accommodated more than one resident. As identified on previous inspections, the centre continued to provide long-term accommodation, for up to 24 residents, in four-bedded rooms. While privacy screens were in use, they were not always effective in ensuring privacy of communication or personal activity for residents. Management and staff spoken with by inspectors demonstrated an awareness and understanding of how these circumstances might impact on the privacy of residents and, where possible, made arrangements to ensure privacy was optimised. For example, management made arrangements to facilitate residents' preferences for accommodation where possible. However, alternatives were not always available and, at the time of inspection a number of residents were on a waiting list. The use of such multi-occupancy rooms did not support communication and the receipt of personal care in a manner that promoted and protected privacy and dignity.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Residents were provided with spacious double wardrobes to store clothing and belongings. Lockable bedside storage was available in bedrooms and residents were seen to carry keys on their person. A property list was completed on admission for each resident and the inventory was reviewed every six months. The property list was maintained electronically in residents' notes and photographs of possessions were

appended to files. Items of clothing were discreetly identifiable to ensure the safe return of belongings.

An external contractor ran an on-site laundry service. Inspectors spoke with laundry personnel who explained the layout of laundry facilities and systems in place to effectively manage laundering processes. Laundry bags were collected twice a day from each unit and additional precautions were in place to segregate any potentially infectious items for separate laundering.

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):

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

Findings:

Staffing levels were both consistent with the assessed needs of the resident profile, and in keeping with the design and layout of the premises. The person in charge was supported by senior nursing staff. Systems of supervision and delegation were in place. The person in charge conducted regular appraisals of all staff. Senior nursing staff were nominated to areas of responsibility, such as medication management, care plan reviews and the advanced care planning process, for example. A qualified nurse was on duty at all times. Communication systems were in place that included daily handover meetings and regular staff meetings.

Robust recruitment practices were in place that reflected relevant policies and procedures. Security vetting was in place for all staff before taking up their appointment. An induction process was in place and staff were mentored and supervised as necessary. A sample of staff files was reviewed and all the relevant documentation was in place as required by the regulations. Inspectors viewed evidence that staff were recruited, selected and vetted in accordance with best recruitment practice and in line with the requirements of Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. All staff nurses had up-to-date registration with An Bórd Áltranais agus Cnáimhseachas na hÉireann. A

formal appraisal system was in place. There were regular staff and management meetings and records of these were available for reference.

Regular shift handover meetings took place where information was communicated, relevant to the individual needs of residents, that ensured staff were aware of any changing circumstances. Discussions with staff, and a review of the training matrix, confirmed that staff received regularly updated training in the required mandatory areas. However, at the time of inspection a small number of staff were overdue refresher training in manual handling. Management articulated an appreciation of staff value and invested appropriately in staff development. Staff spoken with confirmed ongoing support for continuing professional development. The centre had access to a designated training facility on-site that provided a programme of training for all staff. Areas of training included; infection prevention and control, end-of-life care, dementia related care, advocacy in care, activities in care, continence, venepuncture, oral health and communication awareness, for example.

Policies and procedures were available in hard copy and also accessible electronically. Signature records were in place that demonstrated staff had familiarised themselves with relevant guidance and discussions with staff indicated that they were aware of their duties and responsibilities in relation to the safety and welfare of all residents.

Judgment:

Substantially 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:

Mairead Harrington
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 report¹

Centre name:	St Luke's Home
Centre ID:	OSV-0000290
Date of inspection:	05/10/2017 AND 06/10/2017
Date of response:	16/11/2017

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 07: Safeguarding and Safety

Theme:

Safe care and support

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

A small number of staff were overdue refresher training in safeguarding and abuse.

1. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

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

All staff have received the full training sessions on Safeguarding and / or Recognition, Response and Reporting of Allegations of Elder Abuse.

In 2017 St. Luke's Home amalgamated all refresher mandatory training into a new single week's block of training for all staff. This new system commenced in October and now ensures that staff attend for refresher mandatory training in one consecutive session. There are a few staff members who are awaiting this training update and are due to attend for this in December.

Proposed Timescale: 23/12/2017

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:

Refresher training in fire-safety was overdue for a small number of staff.

2. 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 attend an annual fire training / fire evacuation training / fire equipment training. Any refresher training outstanding will be completed in 2017.

Proposed Timescale: 23/12/2017

Outcome 16: Residents' Rights, Dignity and Consultation**Theme:**

Person-centred care and support

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

The use of these multi-occupancy rooms did not support communication and the receipt of personal care in a manner that protected privacy and dignity.

3. Action Required:

Under Regulation 09(3)(c) you are required to: Ensure that each resident may communicate freely.

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

St. Luke's Home has six 4 bedded rooms, two in each of the 3 general units. The rooms provide the required space and facilities for each Resident that is required under legislation. All 4 bedded rooms have appropriate screens and separation between bed spaces that provide privacy.

We will again review the layout of these rooms to determine if an alternate layout and screen system will enhance that environment.

Proposed Timescale: 31/03/2018

Outcome 18: Suitable Staffing**Theme:**

Workforce

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

At the time of inspection, a small number of staff were overdue refresher training in the mandatory area of manual handling.

4. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

All staff have received the full training session on manual handling.

In 2017 St. Luke's Home amalgamated all refresher mandatory training into a new single week's block of training for all staff. This new system commenced in October and now ensures that staff attend for refresher mandatory training in one consecutive session. There are a few staff members who are awaiting this training update and are due to attend for this in December.

Proposed Timescale: 23/12/2017

