

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Paul's Nursing Home
Centre ID:	OSV-0000433
Centre address:	Dooradoyle, Limerick.
Telephone number:	061 228 209
Email address:	info@stpaulsnh.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Blockstar Limited
Provider Nominee:	Daveen Heyworth
Lead inspector:	Margaret O'Regan
Support inspector(s):	Paul Dunbar
Type of inspection	Unannounced
Number of residents on the date of inspection:	56
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.

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.

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 November 2014 09:20 To: 04 November 2014 17:20

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

Outcome 02: Governance and Management
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection report sets out the findings of a monitoring inspection. The inspectors reviewed policies, met residents and staff and observed practices. Documents were reviewed such as the:

- *training records
- *care plans
- *medication management charts
- *accident book.

Improvements had been made to the centre over the past year in terms of:

- *the painting and redecoration of the centre
- *the provision of a conservatory, hair salon, storage room, private meeting room, room for end of life care and staff room
- *the upgrading of sanitary accommodation
- *the purchase of new safety devices such as sensor mats and key pads on doors.

Since the previous inspection the providers were invited to a meeting with staff from the Health Information and Quality Authority to discuss ongoing non compliance with regulations. An assurance was given by the providers that the matters outlined in the previous report had been addressed.

Dependency levels had increased over the previous year and staffing levels were adjusted to meet the increased needs. The nursing care provided to residents was generally good. Residents stated they were satisfied with the care given. Inspectors were satisfied with the knowledge, skill and commitment showed by staff and the person in charge. However, there were a few instances around care practices that needed attention. These are discussed in outcome 11.

In general, the safety issues previously identified had been addressed. For example, trip hazards were removed from the first floor area, key pads were placed on doors and the building works were completed. One fire exit was partly blocked on the day of inspection. This is discussed in outcome 8.

Documentation was generally good, easily retrieved and up-to-date. A minor issue arose with regards to documentation around care plans. An action is given for this under outcome 5.

On this inspection, the inspectors noted that the activities of art and crafts could now be accommodated in the new conservatory. Many residents were seen engaging with this activity.

Important improvements had been made to the premises in terms of painting, decoration, curtains and blinds. More decoration work needed to be done to ensure the entire premises was in a good decorative state. A full-time maintenance person had been employed to attend to these works which were on going at the time of inspection.

Equipment had been purchased such as sensor mats which assisted in identifying residents at risk of falls. However, other equipment was in need of repair or replacement. For example, a specialised chair which had torn upholstery did not move freely on its casters; a machine used to wash and disinfect bedpans and urinals was not designed for that purpose. These are discussed in outcome 12.

This report outlines the findings of the inspection and the actions to be addressed.

Section 41(1)(c) of the Health Act 2007. 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.

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):

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

Findings:

The management structure was clear. The person in charge reported to the provider and the staff reported to the person in charge. The person in charge told the inspectors she spoke with the provider on a daily basis, usually by phone and they met in person on a regular basis. An experienced nurse was assigned to assist the person in charge in her managerial duties and cover for her when she was on leave.

Audits took place on a regular basis to ensure that the service provided was safe, appropriate to residents' needs and consistent. These included audits of:

- * the environment
- * medication practices
- * clinical practices such as the incidence of infection and wounds
- * accidents.

Improvements came about as a result of the learning from the audits. For example,

- * extra staffing was assigned to the morning shift on the ground floor
- * the provider engaged the services of a maintenance person to carry out painting and redecoration work
- * security key pad locks were placed on doors
- * alarm mats were purchased to support residents to remain safe.

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
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was no change since the last inspection to the post of person in charge. She worked full-time in the centre and was a nurse with experience in the area of nursing the older person. From conversations with the person in charge and from observing practices, the inspectors were satisfied that the person in charge had good nursing skills; skills that ensured residents received suitable and safe care.</p> <p>The person in charge demonstrated knowledge of the legislation and of her statutory responsibilities. She was engaged in the governance, operational management and administration of this centre on a regular and consistent basis. She met regularly with the provider nominee and staff. Minutes were maintained of staff meetings.</p> <p>The person in charge took responsibility to keep her skills and knowledge updated. At the time of inspection she was undertaking a course in gerontology.</p> <p>A new clinical nurse manager was appointed since the last inspection to deputise for the person in charge. The person in charge delegated specific areas of responsibility to the clinical nurse manger such as the medication audits. This approach to delegation was a positive development in management practices.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 05: Documentation to be kept at a designated centre</i> <i>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.</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: The failings in documentation are discussed under outcome 11.</p>
<p>Judgment:</p>

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):

No actions were required from the previous inspection.

Findings:

Residents who spoke to inspectors stated that they felt safe in the centre. Staff were observed caring for and assisting residents in a respectful manner. Training logs showed that staff had up-to-date training in the prevention, detection and response to elder abuse.

The inspectors reviewed the arrangements for the safeguarding of residents' wallets and purses. This was well maintained and lodgements and withdrawals were signed by two staff members.

The centre had a policy on the use of restraint. The inspectors were satisfied that effort was made to limit the use of restrictive practices. There were a number of residents in the centre who used bedrails and one who used a reclining chair with a table attached. The reasons for their use were detailed in each resident's care plan and staff reported that, in most cases, the use of bedrails was at the request of the resident. The inspector saw that the resident who had a table in front of him had it removed regularly and the resident was helped to walk up and down the corridor.

The centre had a policy on behaviour that challenges. Staff stated that there was one resident who presented with such behaviour. Inspectors were satisfied that staff had the appropriate knowledge and skills to manage this resident and the resident also reported feeling safe and happy in the centre.

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):

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

Findings:

The centre had policies and procedures relating to the health and safety of residents. There was an up-to-date health and safety statement and inspectors were satisfied that risk assessments were regularly reviewed. There were arrangements in place for learning from serious incidents. For example, there was a recent incident where a resident left the centre without staff being aware of this. Training on this issue had been increased and there were additional measures put in place to monitor residents. These measures included mats which alarmed when a resident stood on them having got out of bed.

Inspectors found that fire equipment was available and regularly maintained. The fire alarm and emergency lighting systems were serviced quarterly. Fire evacuation measures were prominently displayed and there were regular fire drills. Training records demonstrated that staff had had recent training in fire prevention and procedures. However, inspectors identified one fire exit that was partly obstructed for several hours during the day.

The centre had a policy on infection control. Previous inspections identified issues relating to inadequate sluice facilities. The inspectors found that these matters had been partly addressed by the provider. However, there were instances which required improvement and monitoring. For example, sluice rooms had signs which clearly stated the doors were to be locked at all times. Inspectors found that the sluice room on the ground floor was unlocked and accessible. The sluice room also contained an unmarked cleaning liquid. The providers had purchased a new machine for washing bedpans and urinals. However, inspectors found that this was a commercial grade dishwasher. The manufacturer of the machine confirmed it was not designed to wash and disinfect sanitary wear. This is also discussed in outcome 12.

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):

No actions were required from the previous inspection.

Findings:

There were no changes to the medication management system since the last inspection. There were written policies and procedures detailing ordering, prescribing, storing and

administration of medicines. The procedures in place for the handling and disposal for unused or out-of-date medicines were satisfactory. Residents' prescriptions were reviewed regularly by medical practitioners.

Measures were in place to reduce the potential risk of medication administration error. For example, regular audits of medication practices were carried out by the clinical nurse manager. The person in charge reported there had been no medications errors since the last inspection. There was scope to further enhance the medication safety practices by having clear processes for recording incidents of "near misses".

Discontinued medicines were signed by a medical practitioner and administration records identified where residents received their medicines in a crushed format. Medications were supplied to the centre on a weekly basis by the pharmacist. Random samples of prescription charts were examined and no anomalies were noted.

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:

Records were maintained of incidents and accidents occurring in the centre. Each record seen was detailed and satisfied the requirements of Schedule 3 of the regulations. Each event was reviewed by the person in charge as it occurred so as to identify any contributing factors or risks and prevent a re-occurrence.

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):

No actions were required from the previous inspection.

Findings:

Overall, residents' healthcare needs were met through timely access to general practitioner (GP) services and appropriate treatment and therapies. Residents had access to allied healthcare services appropriate to their care needs. These included physiotherapy, occupational therapy, dietetics, speech and language therapy, dental and optical services. The care delivered encouraged the prevention and early detection of ill health and enabled residents to make healthy living choices. For example, routine blood tests were carried out, vaccinations were given to prevent flu and pneumonia and exercises classes were facilitated to support residents' independence and mobility.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was shared.

In general, the assessments, care plans and actual care provided were seen to be in line with recognised good practice. However, the inspector did observe an inappropriate delay in assisting a resident who requested help with her toileting needs.

Each resident's personalised care plan gave a descriptive account of a resident's life story and their care needs. Overall, care was delivered to residents in accordance with this plan. The plan was reviewed on an ongoing basis and at a minimum every four months. However, there was one instance where the plan of care was to provide documented evidence that the resident was checked every 15 minutes. No such documentation was available. An action plan is issued for this under documentation in outcome 5.

Efforts were made to identify and alleviate the underlying causes of behaviour that were challenging and many staff had received training in this area. Where restraint was required, documentation showed that an assessment took place prior to it being used. In addition, the inspector saw staff removing the restraint and assisted the resident to mobilise.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. On the day of inspection, the inspectors noted a group of residents taking part in an arts and crafts activity in the newly constructed conservatory. The craft work created was to be displayed in the centre.

Another resident had, since the last inspection acquired two birds which he kept in his bedroom. The resident described the birds are being "better than any therapy". Some residents continued to attend day centres and this was facilitated by the person in charge. Mass was said daily in the spacious chapel in the centre. For many residents being able to attend daily mass was very important to them.

Judgment:

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):

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

Findings:

Premises issues identified on the last inspection which required to be addressed included:

- *the provision of adequate toilet facilities
- *the provision of adequate sluicing facilities
- *the maintenance of the centre in a good decorative state
- *the accessibility of a secure garden to residents.

The inspectors found on this inspection that the toilets were working properly.

A dishwasher had been purchased since the last inspection for the purpose of washing and disinfecting bedpans, urinals and commode pans. While this machine had the capacity to heat water to over 90 degrees centigrade, its design was not appropriate for the cleaning and disinfecting of bedpans and urinals. This was confirmed to inspectors by the manufacturer.

Since the last inspection the provider had employed a full time maintenance person who was responsible for painting and decorating the centre. A number of rooms were in need of this redecoration work which was in progress at the time of inspection. Once all rooms were redecorated, the person in charge stated the maintenance person would be employed two to three days per week to maintain the premises in a good state of repair.

One resident was seen to be seated in a chair that had torn upholstery. This heavy chair which had wheels, was difficult to move and in need of repair or replacement.

Accessibility to the garden remained curtailed. The door to the secure garden was locked and a wheelchair partly blocked access to the door. The person in charge informed inspectors that if the door was left open there was a risk of unauthorised persons entering the building; however, no risk assessment had been conducted around this.

The notice on the door to the secure garden was misleading and a deterrent to accessing the outdoors. The notice advised those who wished to go outside to speak with the nurse and that the key was in a locked medicine cupboard. This cupboard was on the first floor. In fact, a key for the door was in a box near the door. It was not clear why there was ambiguity around access to the garden.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The centre had a suitably qualified staff mix appropriate to the assessed needs of the residents. Staff reported that they were satisfied with the staffing levels and were supported in their work by management. The person in charge continuously monitored staffing levels and where indicated employed extra staff. For example, the dependency level of residents on the ground floor had increased and so had the morning time staff level.

Staff rosters were in place and made available to inspectors. The inspectors saw that the roster matched the actual staff on duty.

Training records showed that all staff had received training in the core items required by the regulations such as manual handling, fire practices and the prevention, detection and response to elder abuse. The centre engaged the assistance of students on work experience. Inspectors found that these students were supervised.

Apart from mandatory training, the person in charge also provided other training to staff in areas such as infection control, wound management and end-of-life care. A record was maintained of these training updates. Staff reported they gained much from the training course called "What matters to me". It added to staff skills and knowledge around providing care in a person centred way. New staff were provided with induction and this was confirmed to inspectors by a new member of staff. Mandatory training was provided as part of the induction process.

Staff records contained the information required by the regulations. Registration numbers for the nursing staff were available for inspection. Staff meetings took place and minutes were maintained of these. Staff appraisals were conducted by the person in charge on an annual basis.

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:

Margaret O'Regan
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. Paul's Nursing Home
Centre ID:	OSV-0000433
Date of inspection:	04/11/2014
Date of response:	27/11/2014

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 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:

Details of the plan to check a resident every 15 minutes was not maintained.

Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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:

The care plan in question was amended to state hourly checks which meets the residents needs and this is now recorded accordingly

The staff are aware of the reporting of medication errors or near misses and confirm that they were confused as to what the inspector was asking them at the time. When asked by the DON there response was comprehensive and in keeping with policy in place

Proposed Timescale: 04/12/2014

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 machine used for washing and disinfecting bedpans and urinals was not suitable for this task.

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

The machine in situ will be replaced

Proposed Timescale: 24/12/2014

Theme:

Safe care and support

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

Inspectors identified one fire exit that was partly obstructed for several hours during the day.

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:

The resident who uses the chair has been asked to ensure that it is kept away from any access/regress points

Proposed Timescale: 04/12/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

There was an inappropriate delay in assisting a resident who requested help with her toileting needs.

Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

The staff member has been reminded of the importance of prompt response times and staff shall endeavour to continue to meet the needs of residents in a timely fashion.

Proposed Timescale: 04/12/2014

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 machine used for washing bedpans was not suitable for this purpose.

Access to the outdoor area was curtailed by practices that were in place.

A chair which had torn upholstery and did not move freely was in need of repair or replacement.

Not all rooms were in a proper decorative state.

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:

- 1 The machine currently in situ will be replaced with a bed pan washer
- 2 The chair has been removed from use
- 3 Ongoing redecoration continues

Proposed Timescale: 1 = 24 December 2014 2 = completed 3 = Ongoing

Proposed Timescale: