

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Francis' Nursing Home
Centre ID:	OSV-0000168
Centre address:	Mount Oliver, Dundalk, Louth.
Telephone number:	042 935 8900
Email address:	stfrancisdundalk@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St Francis Nursing Home (Mount Oliver) Limited
Provider Nominee:	Avril Reynolds
Lead inspector:	Sonia McCague
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	25
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 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 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:
08 November 2016 09:00	08 November 2016 17:00
09 November 2016 09:00	09 November 2016 12:30

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	Substantially 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	Non Compliant - Moderate
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	Compliant
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 a two-day inspection, the purpose of which was to inform a decision for the renewal of the centre's registration.

During the course of the inspection, the inspector met with residents and staff, the person in charge and the provider nominee. The views of residents and staff were listened to, practices were observed and documentation was reviewed. Surveys

completed by residents and/or their relatives or representatives were also reviewed.

Overall, the inspector found that care was delivered to a high standard by staff who knew the residents well and discharged their duties in a respectful and dignified way.

The management and staff of the centre were striving to improve residents' outcomes. A person-centred approach to care was noted. Residents appeared well cared for and expressed satisfaction with the care they received in the centre and confirmed that they had autonomy and freedom of choice. Residents spoke positively about the staff who cared for them.

Reasonable systems and appropriate measures were in place to manage and govern this centre. The provider nominee, person in charge and staff team responsible for the governance, operational management and administration of services and resources demonstrated sufficient knowledge and an ability to meet regulatory requirements.

Actions required following the last inspection in May 2016 had been addressed, and compliance with the regulations was found in most outcomes inspected. Furthermore, actions required in relation to staff training and references, and the provision and recording of fire drills are outlined in the Action Plan at the end of the report.

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

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose had been reviewed and amended appropriately following changes within the organisational structure and the management team. It detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the regulations.

The provider nominee and person in charge understood that it was necessary to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

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):

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

Findings:

There were sufficient resources in place to ensure the effective delivery of care as described in the statement of purpose. There was a clearly defined management structure with explicit lines of authority and accountability, and the management team's roles and responsibilities for the provision of care are unambiguous.

Staff and residents were familiar with current management arrangements. Both staff and residents were complimentary of the management team, telling the inspector that staff were approachable and receptive to new ideas.

A recently developed comprehensive auditing and management system was in place to capture statistical information in relation to resident outcomes, operational matters and staffing arrangements.

Clinical audits were carried out that analysed accidents, complaints, medicine management issues/errors, skin integrity, care plans, the use of restraint, nutritional risk and dependency levels. This information was available for inspection. A low level of incidents, accidents and complaints was reported.

An annual review of the quality and safety of care delivered to residents for 2015 was completed that informed the service plan being implemented in 2016.

Interviews with residents during the inspection and satisfaction surveys completed by or on behalf of residents were positive in respect to the provision of the care, the facilities and the services provided.

There was evidence of consultation with residents and their representatives in a range of areas on a daily basis and a formal resident forum was held every two months. Other opportunities for consultation was afforded when staff were engaged in reviewing and assessing the needs of residents and care planning process, during social and recreational activities and during discussions at meal times. All issues identified were managed to ensure corrective action was taken.

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 for residents, included a summary of the centre's services and facilities, the terms and conditions of residence, the complaints procedure and visiting arrangements for residents.

The inspector reviewed a sample of residents' contracts of care, which were found to set out the services provided and the agreed fees charged to residents.

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 was a change in the person in charge of the centre since the last inspection.

The current person in charge is a registered general nurse, has experience of working with older persons in the previous three years and works full time in the centre.

During the inspection she demonstrated that she had knowledge of the regulations and standards pertaining to the care and welfare of residents in the centre.

She is supported in her role by the nursing, care, administration, maintenance, kitchen and housekeeping staff, who report directly to her and she in turn reports to the provider nominee and registered provider.

The inspector was satisfied that the centre was being managed by a suitably qualified and experienced nurse who has authority and is accountable and responsible for the provision of the service.

The person in charge and the staff team facilitated the inspection process by providing documents available and had good knowledge of residents' care and conditions.

Staff confirmed that good communications exist within the staff and management team and residents highlighted the positive interactions and support provided by the entire team. Minutes of staff and management meetings were recorded and available.

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:

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People), Regulations 2013 (as amended) were available and a sample of records was reviewed by the inspector. These included records relating to fire safety, staff recruitment and residents' care, as well as the centre's statement of purpose. Improvement was required in relation to the maintenance of records associated with fire safety drills, which is discussed further in outcome 8.

A sample of staff files was also reviewed. While most were found to be compliant with the regulations, it was noted that there were some gaps in documentation in relation to the requirement for a second reference for two members of staff.

A record of visitors and the directory of residents were available and maintained in the centre, as required.

The centre's insurance cover was current and a certificate of insurance was available.

The inspector also reviewed operating policies and procedures for the centre, as required by Schedule 5 of the regulations. All policies listed in Schedule 5 were recently revised, approved and put in place, including those on the health and safety of residents, staff and visitors, risk management, medication management, end-of-life care, management of complaints and the prevention, detection and response to abuse. All schedule 5 policies had been developed by an external consultant and were recently approved by the new person in charge. A summary of these policies was also produced and provided to all staff members, who were required to sign off that they had read the policies.

Judgment:

Substantially Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider nominee and person in charge were aware of the responsibility to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during her absence.

A nurse with a minimum of three years experience of nursing older persons in the previous six years was in place to deputise when the person in charge was on leave for short periods.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to identify and manage incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences.

The person in charge had recently approved the designated centre's policy which included the necessary referrals to external agencies. A summary of the policy was

available to staff.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. Staff spoken with were fully knowledgeable regarding the signs of abuse, reporting procedures and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

Great emphasis was placed on residents' safety and the inspector saw that a number of measures had been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment. For example, the main entrance was controlled by staff and or a keypad lock which some residents managed independently. All parts of the centre or communal areas were accessible to residents. The inspector saw that there were facilities in place to assist residents to promote and retain their independence and mobility. For example, call-bell facilities, mobility aids, hand rails in communal and circulating areas and transport and escort arrangements were available for residents.

During interviews with the inspector, residents confirmed that they felt safe in the centre due to the measures taken, such as the secured entrance and due to the support and care provided by their next of kin and the staff team.

Systems and arrangements were in place for safeguarding resident's finances and property. Procedures were in place for carrying out and documenting transactions. In the sample reviewed, records were kept of two staff signatures along with the resident's signature for money transactions. The balance recorded and money checked on inspection were correct.

The inspector found that the centre aimed to promote a restraint free environment in line with the national policy. A recently approved policy reflecting the national guidance document was available to guide restraint usage. A low rate of restraint and/or bedrail use by residents was reported. Risk assessments had been completed and records of decisions regarding the use of bedrails were available to show the decision was made in consultation with the resident or representative, staff nurse and general practitioner (GP). Decisions were also reflected in the resident's care plan and subject to review. Records to demonstrate regular checks of restraint and release practices were included in the plan of care.

The inspector was informed that various alternative equipment such as, low low beds, sensory alarms and floor mats, were available and tried prior to the use of bedrails. This formed part of the assessment and decisions recorded.

due to their medical conditions, some residents displayed behaviours that challenged them or those around and responding to them. During the inspection, staff approached residents in a sensitive and appropriate manner, and the residents responded positively to techniques used by staff.

Support and distraction techniques were used for those with behaviours that challenged. However, care staff required further education and training in this area to ensure every effort was made to identify antecedents and/or triggers of behaviours that challenge as

well as to minimise the consequences and maximise the distraction.

Support from the community psychiatry team was reported and observed in the records reviewed. Staff spoken with were familiar with the interventions used to respond to residents behaviour that may challenge. Behaviour logs formed part of the assessment and care-plan process. However, improvement was required to ensure a structured and personalised daily programme was put in place for individuals that included activities specific to each resident's likes and interests to promote positive behavioural support.

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:

The centre had policies and procedures relating to health and safety that included a health and safety statement that was under review and risk management policy to include items set out in Regulation 26(1). An infection control policy with supporting protocols was available.

There were policies and procedures in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Arrangements were in place for investigating and learning from audits, serious incidents and adverse events involving residents. Some actions taken to prevent incidents included increased supervision and alternative equipment. An emergency response kit that included relevant equipment was centrally located to support staff to react in an emergency situation such as a missing person.

Since the previous inspection auditing and control measures were developed and being implemented to promote resident safety.

Reasonable measures were in place to prevent accidents to persons in the centre and in the grounds. The management and staff team had completed a review of incidents and accidents involving residents to identify the key cause or likely factors in order to inform control measures. A low number and frequency of resident incidents and accidents was reported.

Satisfactory arrangements, consistent with the national guidelines and standards for the prevention and control of healthcare associated infections, were in place. Staff had

access to hand washing facilities and hand sanitisers on corridors and were seen using these facilities between resident contact. The standard of cleanliness throughout was excellent.

Suitable arrangements were in place in relation to promoting fire safety. The fire alarm system was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis.

Fire safety and response equipment was provided. Fire exits were identifiable by obvious signage and exits were unobstructed to enable means of escape. Fire evacuation procedures were prominently displayed throughout the building. Staff were trained in fire safety and those who spoke with the inspector confirmed this. A personal emergency evacuation plan (PEEP) for each resident that identified the resident's mobility levels and requirements for assistance in the event of an emergency evacuation either during the day or at night was available in the resident's rooms. However, all staff had not completed a simulated fire drill in the centre.

Staff interviewed and records reviewed confirmed a fire drill had occurred, a weekly fire alarm test was carried out and that checks of escape routes were completed daily. However, the provision and recording of fire drills required improvement. The provider was informed that a drill simulating evening and night time conditions was required. The fire drill records did not indicate that this was occurring. Important information relating to the drills such as the successes or failures identified during the drill, the scenario simulated, the staff and residents involved, the time taken for and extent of the evacuation, was not available.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Residents were protected by safe medication management policies and practices put in place since the last inspection. A storage risk identified on day one was addressed immediately once highlighted to the nursing staff.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current

guidelines and legislation.

Nursing staff demonstrated safe practices in medication administration and management. The inspector observed the staff nurse consulting with residents during the administration of medicines and performing good hand hygiene.

Systems were in place for ordering, supply and dispensing methods. There were appropriate procedures for the handling, checking, return and disposal of medicines. The inspector saw that controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the beginning and end of each shift in a register in keeping with legislative requirements.

A system was in place for reviewing and monitoring safe medication management practices. An audit and review system that included a member of staff from the nursing team, the resident's general practitioner (GP) and the pharmacist was in place to improve the overall management and review of medication management. The action arising from the previous inspection related to the administration, prescription and management of medicines was addressed.

An arrangement for the review of prescribed medicines by the GP on a three monthly basis was in place, and records were available to demonstrate this arrangement was implemented in practice.

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.

Management systems were in place to alert staff to notify HIQA of notifiable events, incidents or accidents within three days.

Quarterly reports were provided, where relevant, for example, the use of restraint and number of deaths as prescribed in the regulations.

A six monthly 'nil return' report to confirm the non-event of three day and quarterly

incidents was submitted following the inspection.

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:

Arrangements were in place to ensure each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical care and allied healthcare.

The action arising from the previous inspection relating to resident assessments and care planning and access to appropriate healthcare services was addressed. From an examination of a sample of residents' care plans, and discussions with residents and staff, the inspector was satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions and/or treatment plans implemented.

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 available and maintained, and shared between providers and services.

A selection of care records and plans were reviewed. A pre-assessment prior to resident admission formed part of the centre's admission policy and practice. There was a documented assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. Social and recreational plans were also completed in a sample reviewed. There was evidence of a range of assessment tools being used to monitor areas such as the risk of falls and malnutrition, mobility status and skin integrity.

The development and review of care plans was done by a key worker in consultation with residents or their representatives. Each resident's care plan was subject to a formal review at least every four months.

The assessment of resident's views and wishes for the end of life were recorded and outlined in a related care plan and subject to regular reviews. A care plan to include details and information known by staff regarding religious, spiritual and cultural practices or named persons to assist residents in decisions to be made was noted in the records reviewed.

The inspector reviewed the management of clinical issues such as wound care and falls management and found they were well managed and guided by policies. Mobility and daily exercises were encouraged. Physiotherapy and occupational therapy (OT) services were available on a referral basis. Residents had suitable mobility aids and modified chairs following seating assessments by an occupational therapist or a physiotherapist. Hand rails on corridors and grab rails were seen in facilities used by residents, which promoted independence.

Weight management is discussed in more detail under outcome 15.

Residents were satisfied with the service provided. Residents had access to GP services, and out-of-hours medical cover was provided. Psychiatry services were available, and they provided very valuable services to the residents and staff supporting residents. A full range of other services was available on a referral basis including speech and language therapy (SALT), dietician and tissue viability advice services. Chiropody, podiatry, audiology, dental and optical services were also provided on a referral basis. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes and care plans.

Residents were seen enjoying various activities during the inspection. Each resident's likes and preferences were assessed, known by staff and recorded. Relevant information was reflected in a care plan and used to plan the daily activity programme.

Staff members co-ordinated a weekly activity programme that was delivered daily. The inspector saw that residents were encouraged to participate in group or individual activities. The weekly programme included activities such as exercises, bingo and board games that were tailored for the resident group. A variety of activities were seen being provided on inspection.

Religious ceremonies and a daily mass service formed part of the activity programme. Overall, residents had opportunities to participate in activities that were meaningful and purposeful to them and which suited their needs, interests and capacities.

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):

No actions were required from the previous inspection.

Findings:

The premises takes account of the residents' needs and was in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The location, design and layout of the centre were suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely manner. The premises was suitably decorated throughout and benefited from natural and artificial lighting. The view from rooms occupied by residents was pleasant.

The centre is purpose built and registered for a maximum capacity of 25 residents. Residents' accommodation is on the ground floor. The centre comprises of 25 single bedrooms with full en-suite facilities. The building design, layout and decor were of a high standard. Sitting rooms, the sun room, seated areas, kitchenettes and dining rooms were spacious and decorated to a high standard with colourfully co-ordinated furnishings and fittings. The centre was well maintained and refurbishment of parts of the centre had been completed since the last inspection.

Furniture and equipment seen in use by residents was in good working condition and appropriate to their needs. Supportive equipment such as call-bell facilities, remote control beds and chairs, and pressure relieving aids were seen in use by residents.

Corridors and door entrances were wide and spacious to facilitate modified, support or bulky equipment and aids used and required by residents. Bedrooms were spacious to accommodate personal equipment and devices required. Handrails were provided on corridors, and grab-rails were available in bathrooms and toilets. All bedrooms, bathrooms and communal areas were fitted with a call bell system, and displays clearly identified the location of a call. Residents were encouraged and availed of the opportunity to have personal mementos and possessions in their own bedrooms.

The centre was clean, warm, well ventilated and well maintained. The reception was staffed daily by an administration staff member. Entry and exit to the centre via the main entrance was monitored and controlled by an electronic device and or staff. The Person in Charge's office was located off the main reception area.

The onsite catering and laundry facilities were separate from care facilities. Other communal areas included an oratory, activity area and hairdressing facility.

A spacious secure internal courtyard was available for residents and visitors to access outdoors as desired. This area had suitable outdoor furniture, colourful plants, flower

beds and items of interest for residents' to see, interact with and admire. This courtyard could be viewed and freely accessed from a variety of areas.

Car parking facilities were available at the centre.

Closed circuit television (CCTV) cameras were provided externally at all entrances ensuring additional safety and security for residents.

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:

The inspector saw that there were policies, procedures systems and practices in place for the management of complaints.

The complaints procedure was displayed throughout the centre, and residents who communicated with the inspector were aware of the process and identified the person with whom they would communicate with if they had an issue of concern.

Both the provider nominee and the person in charge stated that they were open to receiving complaints or information in order to improve the service. There were no complaints received or active since the previous inspection.

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:

A policy and operational procedures for end of life were in place and available to guide staff and inform care practices. At the time of inspection, the inspector was informed that one resident was approaching the end of life.

Involvement of a multi-disciplinary approach to treatment and care that included a palliative care team was available but not required by any of the current residents at this time.

Medical decisions regarding care and treatment decisions at the end of life were recorded, and the inspector found evidence that the residents' wishes for end of life were discussed during the assessment and review process.

Caring for a resident at end of life was regarded by staff as an essential part of the care service provided. Choices were offered and facilities were available to support residents and families as required. All residents had a private single room. Facilities available to families or next of kin included a visitor's room, tea room and meeting room.

An oratory facility was available in the centre with suitable equipment and religious artefacts available that respected residents' cultural and religious background.

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:

Mealtimes observed were unhurried social occasions that provided opportunities for residents to interact with each other and staff. Staff were seen assisting and supporting residents appropriately, in a discrete and respectful manner. All 25 residents were seen comfortably seated in the dining room for lunch on the first day of the inspection.

Staff preparing, serving and assisting with meals and drinks were familiar with residents' dietary requirements, needs and preferences. Staff offered choices and checked resident were satisfied during mealtimes.

Systems were in place to ascertain residents' views and preferences from a varied menu on a daily basis.

There was a policy in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and risk of malnutrition. Staff were knowledgeable and described practices and communication systems in place to monitor residents that included regular weight monitoring, recommended food and fluid consistency and arrangements for intake recording, if required.

Communication systems were in place to ensure that residents' nutritional and care needs were known by staff supporting residents to eat and drink and to those preparing and serving food. A list of residents and their specific dietary needs was maintained by staff and provided to the kitchen on a daily basis.

Systems were in place to ascertain each resident's food preferences on admission, and the residents' forum was used to provide feedback on topics including the menu options and choices, in order to inform improvements.

Access to dietician and speech and language therapists was provided on a referral basis based on an assessment of need or change in resident condition. Residents were provided with food and drink at times and in quantities adequate for their needs. The food was properly served and presented in an appetising way.

Menus showed a variety of choices at mealtimes, and there was a menu on each dining table.

There were sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. There was an emphasis on residents' maintaining their own independence and appropriate equipment was provided to support this. Residents confirmed their satisfaction with mealtimes and food provided.

Snacks and beverage were offered and available to residents at intervals between main meals.

The inspector was informed that the health inspector was assessing the main kitchen of the designated centre during this inspection and that the findings were positive.

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):

No actions were required from the previous inspection.

Findings:

There was evidence that residents were consulted with and had opportunities to participate in the organisation of the centre. A residents' committee/-forum was facilitated on a regular basis, and family or representative involvement was central to the care and services provided.

Information in relation to independent advocacy services was available to residents. Residents' independence and autonomy was promoted. For example, the inspector saw residents being able to access all parts of the centre and adjoining convent independently or with support at a time of their choosing. Outings and access to the local town was also facilitated to enhance engagement in the wider community.

Residents who spoke with the inspector and those who completed questionnaires said they were able to make decisions about their care and had choices about how they spent their day, when and where they ate meals, and when they rise from and return to bed. Residents had options to meet visitors in a private or communal areas based on their assessed needs.

The inspector established from speaking with residents and staff that opportunities to maintain personal relationships with family and friends in the wider community was encouraged. Visitors were unrestricted except in circumstances such as an outbreak of infection. A record of visitors was maintained. Arrangements were provided for residents to attend external appointments or family occasions and maintain links with the religious or wider community. The centre had transport arrangements for residents to access to the wider community. Overall, the arrangements in place promoted social inclusion, engagement and access to external facilities.

There was a policy on residents' access to visitors and communication. Communication aids, telephones and computers were available to residents.

The inspector saw that residents' privacy and dignity was respected: and personal care was provided in their own en-suite and bedrooms and they could receive visitors in private.

Residents were seen to be well groomed and dressed in an appropriate manner with clothes and personal effects of their choosing. Residents who spoke with the inspector and those who completed questionnaires said they were respected, consulted with and well cared for by courteous, pleasant and kind staff.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Records of residents' property were maintained.

The inspector saw that there was adequate space provided for residents' personal possessions and mobility aids. Residents had a lockable facility in their bedrooms.

There were arrangements onsite for regular laundering of linen and clothing and the safe return of clothes to residents.

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):

No actions were required from the previous inspection.

Findings:

Staffing levels and the skill mix were sufficient to meet the healthcare needs of the residents.

Staff confirmed that they had sufficient time to carry out their duties and responsibilities, and the management team explained the systems in place to supervise and appraise staff. Staff were seen to be supportive of residents and responsive to their needs.

In preparation for the inspection, relatives and some residents had completed 13 questionnaires regarding the centre. In these questionnaires, respondents were complimentary regarding the staff team. The inspector also spoke with a number of residents, who were all complimentary of the staff and of the care that they provided.

The inspector reviewed the actual and planned roster for staff and found that management, nursing, care and support staff were adequate. Requests and residents' alarm bells were promptly responded to by staff during the inspection. Residents chose the time that they wished to get up, eat and seek assistance with personal care and dressing, and this was facilitated by the staff team.

Some residents in discussions with the inspector confirmed that staffing levels were satisfactory and that staff were supportive and helpful.

Recruitment procedures were in place and samples of staff files were reviewed against the requirements of schedule 2 records and found to be substantially compliant. This is reported in outcome 5.

Evidence of professional registration for all rostered nurses was available and current.

There was a suitable recruitment policy in the centre, and the inspector was satisfied with the arrangements for Garda vetting and supervision of staff which included induction and appraisal.

A staff training programme was in place and a record of training for all staff was available. Mandatory training such as moving and handling, cardio pulmonary resuscitation (CPR), fire training and the prevention, detection and management of abuse had been provided. Manual handling practices observed were safe and appropriate, with assistive equipment available for use. However, an improvement was required in relation to manual handling refresher training for some staff and in CPR refresher training for one staff member. Since the inspection the provider nominee communicated that CPR training was arranged for 17 November and manual handling training for 28 November 2016.

Staff were seen to be kind and friendly towards all residents and respectful towards their privacy and dignity, for example, knocking on residents' bedroom doors and waiting for permission to enter.

The inspector was informed that there were no volunteers in the centre. The centre did not utilise agency staff.

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:

Sonia McCague
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. Francis' Nursing Home
Centre ID:	OSV-0000168
Date of inspection:	08/11/2016
Date of response:	02/12/2016

Requirements

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

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

Outcome 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:

In the sample of staff files reviewed, gaps were found in relation to the requirement of a second references for two staff.

1. Action Required:

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

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

the Chief Inspector.

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

The second references for two staff members are in their staff file.

Proposed Timescale: 02/12/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Care staff required further education and training in this area to ensure every effort was made to identify antecedents and/-or triggers of behaviours that challenge as well as to minimise the consequences and maximise the distraction.

Improvement was required to ensure a structured and personalised daily programme was put in place for individuals that included activities specific to each resident's likes and interests to promote positive behavioural support.

2. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

All staff will have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

- 1) In consultation with Psychiatry of the Older Person care staff have maintained a Behaviour Chart.
- 2) Psychiatry of the Older Person was contacted the second week in November 2016 following the Inspection re. Positive Behaviour Support. The recommended Distraction therapy is essential and care staff have attempted to follow this guidance.
- 3) In addition to the introduction of a textured-surface toy, a tactile pillow and rug is of being made
- 4) Psychiatry of the Older Person were subsequently contacted as there has been no positive outcome with Distraction Therapy. As a result, a referral for a Psychologist Consultation is underway. The next of kin are aware of the care plan.

Staff training in relation to Dementia and Challenging Behaviour is being sourced. The first date available for training afforded to the Nursing Home will be availed upon.

Proposed Timescale: 15/12/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

All staff had not completed a simulated fire drill in the centre. The provider was informed that a drill simulating evening and night time conditions was required.

Records reviewed confirmed a fire drill had occurred, however, the provision and recording of fire drills required improvement. The fire drill records did not include important information relating to the drills, such as, the successes or failures identified during the drill, the scenario simulated, the staff and residents involved, the time taken for and extent of the evacuation.

3. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Fire Training for all staff of the Nursing Home took place on 2/12/16. 45 staff attended and a further one session will be held in January 2017 for the seven staff who were not present. Fire Picket Team to be named daily for both twelve hour shift inclusive of both Nurse and HCA. Fire evacuation to take place twice yearly.

The fire drill records will include important information relating to the drills such as the success or failures identified in same, scenario simulated, staff and or residents involved, time taken for and extent of the evacuation.

Proposed Timescale: Second session of Fire Training to take place in January. We are awaiting the date of same from the Fire Safety Instructor.

Fire Picket Team to commence 2/12/16 pm.

First Fire evacuation to take place January 18, 2017.

Proposed Timescale: 18/01/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Improvement was required in relation to manual handling refresher training for some staff and in CPR refresher training for one staff member.

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:

Staff member did CPR Update 19/11/16. Two staff members did Manual Handling on 23/11/16.

Proposed Timescale: 02/12/2016