<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>St. Catherine’s Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>ORG-0000283</td>
</tr>
<tr>
<td><strong>Centre address:</strong></td>
<td>Village Green, Freshford, Kilkenny.</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>056 883 2432</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:stcatherinesnh@gmail.com">stcatherinesnh@gmail.com</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>St Catherines Nursing Home Limited</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Jim Brosnan</td>
</tr>
<tr>
<td><strong>Person in charge:</strong></td>
<td>Jim Brosnan</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Ide Batan</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Mairead Harrington</td>
</tr>
<tr>
<td><strong>Type of inspection:</strong></td>
<td>Announced</td>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>20</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>6</td>
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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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This 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

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tr>
<td>25 February 2014 10:00</td>
<td>25 February 2014 17:00</td>
</tr>
<tr>
<td>26 February 2014 10:00</td>
<td>26 February 2014 14:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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<td>Outcome 02: Contract for the Provision of Services</td>
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<td>Outcome 03: Suitable Person in Charge</td>
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<td>Outcome 04: Records and documentation to be kept at a designated centre</td>
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<td>Outcome 05: Absence of the person in charge</td>
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<td>Outcome 06: Safeguarding and Safety</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Medication Management</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: Reviewing and improving the quality and safety of care</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents clothing and personal property and possessions</td>
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<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

As part of this inspection, inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The last inspection took place on 07 October 2013. This was a thematic inspection which focused solely on two outcomes which were nutrition and end-of-life care. The provider was found to be in substantial compliance on that themed inspection.

Inspectors also followed up on action plans from the previous monitoring inspection which was done on 9 January 2013. Matters arising from that inspection had been satisfactorily addressed with the exception of one action plan.
Inspectors found that the quality of care provided to residents met their needs and was monitored and supervised on an ongoing basis. Residents had adequate access to general practitioner (GP) services and to a range of allied health professionals. There was good input from specialist mental health services for assessment and treatment.

The nursing and care staff team conveyed a wide range of knowledge on aspects of care practice and were supervised by the key senior nurse manager who was active in all aspects of management and clinical care. There was a range of appropriate activities that reflected resident’s needs and interests available each day.

Inspectors observed that staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff. The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

The centre was warm and comfortable. However, an additional review of the premises and facilities by the provider is required in order to meet the Authority's Standards in relation to multiple-occupancy rooms including the three-bedded room where no formal plans are in place to address and implement the Authority's Standards.

Inspectors found that staff available were based on the needs of residents and was subject to change if residents’ needs changed. The numbers of staff on duty and skill mix were appropriate to meet the needs of residents on the days of the inspection taking in to account the number accommodated and their needs as described.

Inspectors found some aspects of practice that needed improvement. These included:

- staff files
- records in relation to residents
- general records
- staff training
- reviewing quality and safety of care.

The Action Plan at the end of the report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre’s for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.
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 2009 (as amended) 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:
Leadership, Governance and Management

Judgement:
Non Compliant - Minor

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The statement of purpose and function was viewed by the inspector. It described the service and facilities provided in the centre. The ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care.

The statement of purpose had recently been reviewed and updated to include the registration date and expiry date. However, it did not include the conditions attached by the Chief Inspector to the designated centre’s registration under Section 50 of the Health Act 2007 and the maximum number of residents who will be accommodated in the designated centre.

Outcome 02: Contract for the Provision of Services
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:
Leadership, Governance and Management

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The contract of care detailed the services to be provided and the accommodation offered. A small number of additional costs were outlined for specific services available
in the centre such as hairdressing and chiropody were charged only if residents availed of them. The provider levies no additional charges for activities or fit for life/physiotherapy or laundry services which are provided to the residents.

**Outcome 03: Suitable Person in Charge**

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

**Theme:**
Leadership, Governance and Management

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The provider is also the person in charge and is supported by the key senior manager who is also a company director. The person in charge was a registered general nurse, had the relevant necessary experience as required by the Regulations. Both the provider and the key senior manager were engaged fulltime in the management of the centre.

Deputising arrangements for the person in charge were in place. The key senior manager was available in the absence of the person in charge.

Management demonstrated a willingness to facilitate continuous professional development and provided support for the team working in the centre. They also demonstrated an awareness of their responsibilities in respect of the implementation of the Regulations and Standards.

**Outcome 04: Records and documentation to be kept at a designated centre**
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Theme:**
Leadership, Governance and Management

**Judgement:**
Non Compliant - Moderate
Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were maintained in a manner so as to ensure completeness and ease of retrieval.

However, there were omissions in relation to records maintained under Schedule 3 (records in relation to residents) and Schedule 4 (general records).

The directory of residents was examined and found to contain the majority of the required details with the exception of the sex of residents and in some instances the cause of death was not recorded which is part of the required information.

There were no records of all visitors to the centre. Staff files as outlined under Outcome 18 still required improvement. There were no records kept of each resident’s personal property as required by legislation.

Some policies and procedures were not kept up-to-date as required by the Regulations.

The designated centre is adequately insured against accidents or injury to residents, staff and visitors.

Outcome 05: 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:
Leadership, Governance and Management

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
There had been no periods where the person in charge was absent from the centre for 28 days or more since the last inspection and there had been no change to the person in charge. The provider was aware of the obligation to inform the Chief Inspector if there is any proposed absence and had done so in the past.
### Outcome 06: 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.*

**Theme:**
Safe Care and Support

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that measures were in place to protect residents from being harmed or suffering from any form of abuse. A revised policy relating to the prevention, detection and response to elder abuse was in place. The policy was comprehensive and provided sufficient detail in order to guide staff on the steps to follow in the event of an allegation of abuse.

Inspectors saw that all staff had received training in elder abuse. Records indicated this training dated back to 2010 and there was no documented evidence of any further refresher training since then.

During discussions with the inspector not all staff members demonstrated their knowledge regarding reporting mechanisms within the centre and knew what to do in the event of a disclosure about actual, alleged, or suspected abuse.

Inspectors noted that all staff demonstrated a good standard of appropriate communication and respect for all residents at all times. Residents told the inspector that they felt safe in the centre.

Inspectors reviewed the systems in place for safeguarding residents’ money. The centre had small amounts of money for safekeeping and valuables for some residents. A locked, safe was provided for this purpose. However, there were some gaps in the documentation as observed by inspectors as record entries were not countersigned. Best practice would indicate that records should be signed where possible by the resident or their representative in relation to safekeeping or withdrawal of possessions.

### Outcome 07: Health and Safety and Risk Management

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

**Theme:**
Safe Care and Support
Judgement:
Non Compliant - Minor

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

Findings:
The actions required from the previous inspection were satisfactorily implemented. However, the risk management policy requires further review to ensure it complies with current legislation and covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. It was also dated 2009 and there was no documented evidence to suggest that it had been reviewed within the last three years as required by legislation.

The recording and management of accidents and incidents was reviewed to assess the effectiveness of risk management. The inspectors found that incidents were recorded. Records were found to contain factual and substantiated information that described the event and the immediate actions taken by staff to ensure residents' well being. However, there were no current reviews of falls undertaken to prevent further accidents, or to identify circumstances that might have contributed to falls and to plan preventative actions.

The inspector saw that there were supplies of personal protective equipment available and staff said that there was always a plentiful supply. Staff were observed to use gloves and aprons frequently and disposed of them after each use. Inspectors observed staff using hand gels frequently.

The environment was noted to be visibly clean and there were measures in place to ensure the appropriate segregation and disposal of waste, including clinical waste. Laundry was effectively managed and there was a separation system for general and soiled laundry with associated laundry procedures to ensure effective management.

The inspector viewed training records which indicated manual handling training was not up-to-date for all staff. Staff were noted to use equipment such as wheelchairs and hoists appropriately and moving and handling manoeuvres were observed to be appropriately undertaken when staff were providing care. Residents’ moving and handling assessments were routinely assessed.

Access to the kitchen area was controlled to ensure adherence to food safety regulations. Catering staff had a food safety hazard analysis system in place as required by environmental health legislation.

Information in relation to compliance with fire safety had been forwarded to the Authority prior to registration of the centre.

The records in relation to fire safety management which included fire policies and procedures and the fire safety plan was viewed by the inspector and found to be comprehensive. There was a fire safety register in place. Fire plans were displayed and
there was a daily check done on the fire panel.

Suitable fire equipment was provided and there were adequate means of escape from the premises. There was evidence that all staff had received fire training in 2013. Staff were knowledgeable when asked about the procedures in the event of a fire. The centre had a smoking room which contained an extinguisher and a viewing panel whereby staff can observe residents who are in the room. The centre had an emergency plan in place which provided information to guide staff on the procedures to follow in the event of a fire. It did not outline the procedures to follow in the event of any other emergencies such as loss of heat, water supply or power.

Documentation reviewed by inspectors demonstrated that all equipment used for residents including the hoist, specialised beds, chairs, chair-lift and call-bells were serviced by contract annually and as required.

Many aspects of the structure and layout was designed to control/minimise risks. For example, handrails were provided on the corridors throughout the building, grab support rails were installed in showers and toilets, floor covering was suitable and exit doors were alarmed.

### Outcome 08: Medication Management

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**  
Safe Care and Support

**Judgement:**  
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
There was a medication management policy in place which provided guidance to staff on the management of medication. The inspector reviewed the medication arrangements with the nurse manager. Medication was dispensed in blister packs by the pharmacy. Photographic identification was available on the medication administration charts for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear in outline and distinguished between PRN (as required) and regular medication.

The signature of the GP was in place for each drug prescribed in the sample of drug charts examined with the exception of one. Inspectors saw that a verbal/telephone order had been given by the GP. However, this had not been confirmed by another staff member nor had it been signed by the GP, yet the medication had already been
Medications that required strict control measures (MDAs) were appropriately managed and kept in a secure double locked cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1984. Nurses kept a register of such medications and two nurses checked the supply at the end of each shift and recorded the balance.

Medication management audits had not been completed by either staff or the pharmacist since 2011.

The inspector recommends that regular audit and updated training in medication management would establish review and processes to evaluate the use of medication policies and protocols as part of quality care provision and risk management programmes.

**Outcome 09: 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

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The person in charge had notified the Regulation directorate of all incidents, and quarterly returns as required by Article 36 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Outcome 10: Reviewing and improving the quality and safety of care**
*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**
Effective Care and Support

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.
Findings:
Review of the quality and safety of care and the quality of experience of the residents required significant development to meet the requirements of the regulations. Inspectors observed that some audits had been conducted on medication and falls these were not regular or robust enough to indicate improvements required or give clear direction on evidenced based care. These audits dated back to 2011. The most recent audit conducted was in relation to incontinence wear.

There was no evidence to support that a systematic, constructive and proactive culture and system was in place for reviewing the quality and safety of care and services provided to residents.

Areas for improvement were not evident as there was no analysis done on key aspects of the service to measure the quality and safety of clinical care or the impact of the service provided on the quality of life of residents in the centre. There was no schedule for audit reviews detailing those audits to be done, their frequency and who had responsibility for completing them.

As there were no reports made from analysis of data collated identifying deficits there was no evidence of change, and improvement to enhance clinical, safety and quality outcomes for residents.

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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective Care and Support

Judgement:
Non Compliant - Moderate

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

Findings:
There were 20 residents accommodated on the day of inspection. A significant number of the residents were of maximum dependency and of advanced age with a significant number requiring assistance for mobility, activities of daily living and nutrition.

A sample of care records were reviewed. Inspectors noted that care plans reflected
personal choices and that medical care problems, personal care needs and specialist care needs were identified with the actions staff should take to address needs clearly outlined. There was a system to ensure that care plans were reviewed at the required three month intervals. Inspectors found that the key senior manager, who takes overall responsibility for the care plans, was very knowledgeable on the residents needs, preferences and on their psychosocial and biographical information.

There was evidence of residents or their representative’s involvement in the discussion, understanding and agreement to their care plan when reviewed or updated.

Inspectors were satisfied that residents other healthcare needs were met. A chiropodist service was available on monthly basis or sooner if required. The fit for life programme physiotherapist was available for residents’ if physiotherapy was required this was funded privately by the residents.

A policy on managing behaviour that is challenging was in place. Efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge such as input from the psychiatric services and medication reviews.

The local palliative care team provided support and advice. Nursing staff confirmed that the palliative care team will attend outside of core hours if required. There were no residents receiving palliative care at the time of this inspection. The policy on restraint that underpinned practice required review to ensure that it is current and based on the national policy on promoting a restraint free environment. Restraint measures in place included the use of bedrails. There was no evidence available with regard to risk assessing in line with best practice for any resident that required the use of restraint. The care plans did not adequately detail the use of restraint, or the supervision and observation of a resident while restraint was in use. There was no evidence that all possible risks of a resident injuring themselves from use of restraint had been considered and there was no evidence that other least restrictive options had been considered for these residents.

Wound management was identified appropriately using evidence based assessments, referred for specialist opinion and were well managed. A pressure area problem was examined to determine the standards in place for wound care management. Wounds were in receipt of attention and were improving following nursing intervention. There were records available that conveyed the treatment provided the changes and progress of wounds and the grade of wound according to established wound classifications.

Dietetic services and advice were provided by a nutritional company to residents and to staff and nutritional assessments and care plans were also seen in residents’ records. Where residents had swallowing problems they were referred for speech and language assessment and the inspector saw several records where recommendation had been made and were implemented.

Inspectors found that resident’s nutrition and dietary needs were being met and meals provided were well prepared and attractively presented. Residents told inspectors that they were very pleased with the food provided. Inspectors saw that mealtimes were well supervised given the complex care needs of many residents. There were plenty of
drinks available in close proximity to residents throughout the day and inspectors observed staff prompting residents to drink at varied times.

Inspectors saw that resident’s were assisted and supported to communicate. Staff told the inspector of the different communication needs of residents such as verbal and non verbal communication. The inspector observed that residents had access to newspapers. There were televisions available in bedrooms and communal areas.

There were opportunities for residents to participate in activities that suited their needs, interests and capacities. Activities provided reflected the nature and extent of residents’ dependency and needs. There was a weekly schedule of activities which included pet therapy, music, prayers, bingo, and fit-for-life. One staff member had undergone activities in care training and was allocated additional hours to undertake group and individual work with residents. The hairdresser visited the centre on a regular basis.

**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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**
Effective Care and Support

**Judgement:**
Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The premises was homely in décor and furnishings. Bedrooms were personalised and comfortable. The sluice room and laundry room was adequately equipped; there was adequate storage for resident’s personal belongings and possessions. The kitchen was suitable in size, layout and equipment.

Accommodation for residents is over two floors. There are 17 single rooms and three double rooms and one three-bedded room. The provider has removed one bed from one of the two bedded room as agreed on a previous inspection. In this application to renew the registration of the centre the provider has applied to register for a total capacity of 26.

The accommodation consists of two day rooms, two dining rooms, and a kitchen, 17 single bedrooms, four of which are on the second floor, one three-bedded room and three twin-bedded rooms. All shared rooms have wash-hand basins. On the ground floor there are two en suite toilets with wash-hand basins, there is one bathroom with assisted shower, bath, wash-hand basin and toilet, one assisted shower room with toilet
and wash-hand basin, one en suite with assisted toilet which serves two double bedrooms via two entrance doors, one assisted toilet and one staff toilet. Upstairs there is one assisted shower room with wash-hand basin and toilet and one en suite toilet.

Consideration needed to be given as to how the national standards will be met by 2015, for example no more than two residents per room; each single room having a minimum usable space of 9.3m square and twin rooms having a minimum usable space of 14.8m square.

An additional review of the premises and facilities by the provider is required in order to meet the Authority's Standards in relation to multiple-occupancy rooms including the three-bedded room where no formal plans are in place to address and implement the Authority's Standards.

There was lockable storage space available for residents in their bedrooms. There was sufficient communal seating for residents in the day rooms and there was separate dining room and a visitor’s room available. There was a call bell system in place at each resident’s bed. There was suitable lighting and ventilation provided.

Equipment such as hoists, wheelchairs, specialist beds, chairs and clinical equipment such as nebulisers were available according to residents needs. These were serviced regularly at intervals set out by the contract company.

The premises and grounds were maintained. There was no daily on site maintenance person. However, an organised system was in place in which all matters needing repair or maintenance were checked and attended to by the provider.

Residents had access to a secure outdoor garden area. Staff told inspectors that some residents liked to sit in the garden weather permitting.

There was a smoking room available which was adequately ventilated and a glass panel had been inserted in the door so staff could observe residents who were smoking.

The centre was secure with a restricted access system in place as observed by inspectors.

### 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

**Judgement:**
Non Compliant - Minor
Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Inspectors reviewed the complaints policy and procedure and noted it contained all the requirements of the Regulations.

Inspectors spoke with residents and relatives who confirmed they never had to make a complaint but said if they had to they would not hesitate as they found the person in charge and staff very approachable. The inspector viewed a complaints log and saw that complaints, actions taken and outcomes were documented in accordance with best practice and that feedback is given to the complainant.

However, the complaints procedure was not displayed in a prominent position as required by the Regulations.

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

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Caring for residents at end-of-life was regarded as an integral part of the care service provided. Staff had undertaken training in this area as observed by inspectors. Inspectors saw in some care plans that resident’s wishes in respect of end-of-life care had been recorded. Some residents had specific instructions around resuscitation which were clearly documented.

There was an end-of-life care policy available. However, the policy required review as it had not been reviewed since its implementation date which exceeded three years.

Spiritual and cultural needs were identified and there was evidence available that support from ministers of different religious denominations was available. There was no resident receiving end-of-life care at the time of inspection.
### 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

**Judgement:**  
Compliant

**Outstanding requirement(s) from previous inspection:**  
No actions were required from the previous inspection.

**Findings:**  
A policy for the monitoring and documentation of nutritional intake was in place. Processes were in place to ensure that residents did not experience poor nutrition and hydration. For example, residents had a nutritional assessment (MUST) on admission, residents’ weight was checked and recorded monthly. Access to dietetic services is outlined under Outcome 5. Food charts and fluid charts were completed as required.

There was evidence of good communication between nursing, health care staff and kitchen staff in respect of residents whom additional oversight was required in terms of food intake. Residents were assisted to eat and drink in a sensitive and appropriate manner. Mealtimes were seen to be unhurried social occasions that provided opportunities for residents to engage communicate and interact with each other and staff. Nutritional supplements were used as prescribed.

Overall, residents told inspectors they enjoyed the food and the choices available to them. Residents confirmed the food served to them was hot and tasty. The dining room was appropriately furnished and very welcoming. Inspectors saw the table settings were pleasant and included condiments and appropriate place settings.

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### 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.*

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

**Judgement:**  
Compliant
Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Residents' privacy and dignity was respected as observed by inspectors. Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Residents were dressed well and according to their individual choice. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents were consulted about how the centre was planned and run through the residents’ forum. The inspector viewed minutes from previous meetings. The person in charge and/or the key senior nurse manager met with residents on a daily basis and sought feedback. There was a suggestion box located in the main entrance.

Nursing staff told inspectors that residents were facilitated to exercise their political rights, and voting in elections was accommodated in the centre. Residents had access to radio, televisions and newspapers. Residents could access telephone facilities. There were no restrictions on visiting as observed by inspectors.

There was a Residents’ Guide available and there was a policy on provision of information to residents.

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

Judgement:
Non Compliant - Minor

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
There were adequate laundry facilities in place with systems in operation to ensure that residents’ own clothes were returned to them. Residents told inspectors that they were satisfied regarding care of their personal property and possessions. Many of the residents’ bedrooms were personalised with pictures of family, cushions, furniture and other personal belongings.

Inspectors saw that there was a policy in place to guide staff on the correct practices to
follow when dealing with residents’ property and possessions. However, records of property were not completed during the admission process and were not updated when new items were brought in to the centre which is a requirement of legislation.

**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.*

**Theme:**  
Workforce

**Judgement:**  
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**  
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**  
Thirty staff were employed in the designated centre. Inspectors reviewed staffing rosters and discussed the staffing levels with the key senior nurse manager. Inspectors were satisfied by observing practice, reviewing the rota and taking account of the resident profile, the numbers of staff on duty and skill mix were adequate to meet the needs of residents on the day of the inspection.

Staff were appropriately rostered at night also. The staff available reflected the regular duty rota. The deployment of staff during the day allowed for one nurse excluding the person in charge and nurse manager to be on duty during the day. Residents confirmed to the inspector that staff members were available to meet their needs.

Staff were encouraged to maintain their continued professional development. The education and training available to staff enabled them to provide care that reflected contemporary evidence-based practice. The records showed that training had been provided since the previous inspection and this included wound care, challenging behaviour and end-of-life care training. However, as outlined under Outcome 6 and 7 training on the statutory topics of manual handling and elder abuse required updating.

It was evident that supervision and monitoring of practice took place through team meetings and the nurse manager would have a daily presence on the floor with staff and therefore monitored practices. However, there was no formal documented staff supervision/appraisal process. The staff recruitment policy indicated that ongoing appraisal takes place. However, there was no evidence to suggest that this system was in operation.
Staff files were examined to assess the documentation available, in respect of persons employed. However, not all the information required by Schedule 2 of the Regulations was available in the staff files reviewed. Omissions included three references in files assessed by inspectors.

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

**Report Compiled by:**

Ide Batan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Catherine’s Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000283</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>25/02/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>09/04/2014</td>
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</tbody>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not contain all of the matters listed in Schedule 1 of the Regulations.

Action Required:
Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Please state the actions you have taken or are planning to take:
Statement of purpose to be updated to include all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Proposed Timescale:** 30/06/2014

**Outcome 04: Records and documentation to be kept at a designated centre**

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some policies and procedures were not kept up-to-date as required by the Regulations.

**Action Required:**
Under Regulation 22 (1) (ii) -(iii) you are required to: Keep the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) up-to-date and in good order and in a safe and secure place.

**Please state the actions you have taken or are planning to take:**
Visitors book now in place. All Residents property to be listed on admission.

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**Proposed Timescale:** 30/04/2014

**Theme:** Leadership, Governance and Management

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The directory of residents was examined and found to contain the majority of the required details with the exception of the sex of residents and in some instances the cause of death was not recorded which is part of the required information.

**Action Required:**
Under Regulation 23 (2) you are required to: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

**Please state the actions you have taken or are planning to take:**
The directory of residents to include gender of residents and where possible the cause of death.

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**Proposed Timescale:** 30/04/2014

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no documented evidence that all written policies and procedures were reviewed at least every three years.

**Action Required:**
Under Regulation 27 (2) you are required to: Review all the written operational policies
and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

Please state the actions you have taken or are planning to take:
All written policies and procedures to be reviewed at least every three years.

Proposed Timescale: 30/06/2014

Outcome 06: 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:
Some staff who spoke with inspectors were unclear of reporting procedures in the event of an allegation of abuse.

Action Required:
Under Regulation 6 (2) (a) you are required to: Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

Please state the actions you have taken or are planning to take:
All staff to undergo update training on elder abuse.

Proposed Timescale: 30/06/2014

Outcome 07: 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 risk management policy requires further review to ensure it complies with current legislation and covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. It was also dated 2009 and there was no documented evidence to suggest that it had been reviewed within the last three years as required by legislation.

Action Required:
Under Regulation 31 (2) (d) you are required to: Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
Risk management policy to be reviewed to ensure it covers the arrangements for the identification, recording, investigation and learning from incidents or adverse events involving residents.
Proposed Timescale: 30/06/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some staff had not received up-to-date training in the moving and handling of residents.

Action Required:
Under Regulation 31 (4) (f) you are required to: Provide training for staff in the moving and handling of residents.

Please state the actions you have taken or are planning to take:
Up date training for some staff is due 2014.

Proposed Timescale: 31/12/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors saw that a verbal/telephone order had been given by the GP. However, this had not been confirmed by another staff member nor had it been signed by the GP, yet the medication had already been administered.

Action Required:
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:
All appropriate and suitable practices in relation to medication management will be implemented.

Proposed Timescale: 30/04/2014

Outcome 10: Reviewing and improving the quality and safety of care

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence to support that a systematic, constructive and proactive culture and system was in place for reviewing the quality and safety of care and services provided to residents.
**Action Required:**
Under Regulation 35 (1) (a) you are required to: Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

**Please state the actions you have taken or are planning to take:**
New Audit policy in place to review the quality and safety of care and services provided to residents.

**Proposed Timescale:** 30/04/2014
**Theme:** Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As there were no reports made from analysis of data collated identifying deficits there was no evidence of change, and improvement to enhance clinical, safety and quality outcomes for residents,

**Action Required:**
Under Regulation 35 (2) you are required to: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
New Audit policy in place to review the quality and safety of care and services provided to residents.

**Proposed Timescale:** 30/04/2014

**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:
A high standard of evidence based nursing practice was not evident in relation to the management of restraint.

**Action Required:**
Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

**Please state the actions you have taken or are planning to take:**
A new Bed safety rail assessment tool is introduced as part of review of restraint policy.

**Proposed Timescale:** 30/04/2014
### 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:
An additional review of the premises and facilities by the provider is required in order to meet the Authority's Standards in relation to multiple-occupancy rooms including the three-bedded rooms where no formal plans are in place to address and implement the Authority's Standards.

**Action Required:**
Under Regulation 19 (3) (f) you are required to: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

Please state the actions you have taken or are planning to take:
St Catherine’s will continue to deliver care to highly dependant residents in our one three bedded room.

**Proposed Timescale:** 30/12/2015

### Outcome 13: Complaints procedures

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

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints procedure was not displayed in a prominent position as required by the Regulations.

**Action Required:**
Under Regulation 39 (4) you are required to: Display the complaints procedure in a prominent position in the designated centre.

Please state the actions you have taken or are planning to take:
Complaints procedure to be displayed in a prominent position.

**Proposed Timescale:** 30/04/2014

### Outcome 17: Residents clothing and personal property and possessions

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

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Records of residents’ personal property were not completed during the admission process and were not updated.
**Action Required:**
Under Regulation 7 (2) you are required to: Maintain an up to date record of each residents personal property that is signed by the resident.

**Please state the actions you have taken or are planning to take:**
All Residents property to be listed on admission.

**Proposed Timescale:** 30/04/2014

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### Outcome 18: Suitable Staffing

**Theme:** Workforce

_The Registered Provider is failing to comply with a regulatory requirement in the following respect:_
Some staff files still did not contain the information as specified in Schedule 2 of the Regulations.

**Action Required:**
Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

**Please state the actions you have taken or are planning to take:**
All staff files to be updated as required.

**Proposed Timescale:** 31/12/2014