<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Paul’s Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000433</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Dooradoyle, Limerick</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>061 228 209</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@stpaulsnh.ie">info@stpaulsnh.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Blockstar Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Daveen Heyworth</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Sinead Johnson</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Margaret O'Regan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Gemma O'Flynn</td>
</tr>
<tr>
<td>Type of inspection:</td>
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</tr>
<tr>
<td>Number of residents on the</td>
<td></td>
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<tr>
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<td>56</td>
</tr>
<tr>
<td>Number of vacancies on</td>
<td></td>
</tr>
<tr>
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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 judgements 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 monitor ongoing regulatory compliance. This monitoring inspection was un-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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<tbody>
<tr>
<td>28 January 2014 09:50</td>
<td>28 January 2014 17:50</td>
</tr>
<tr>
<td>29 January 2014 09:50</td>
<td>29 January 2014 17:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 03: Suitable Person in Charge</th>
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<tbody>
<tr>
<td>Outcome 04: Records and documentation to be kept at a designated centre</td>
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<tr>
<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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<tr>
<td>Outcome 08: Medication Management</td>
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<tr>
<td>Outcome 09: Notification of Incidents</td>
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<tr>
<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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<tr>
<td>Outcome 18: Suitable Staffing</td>
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</table>

Summary of findings from this inspection

The nursing care provided to residents was good, specific to individual needs and met the expectations of residents and relatives. This was confirmed to inspectors by comments made by residents, relatives and staff. While the premises were generally clean, tidy and warm, many areas of the premises and equipment were in need of redecoration, refurbishment and/or replacement. The need to upgrade the premises was identified in 2010 when the centre had a change of ownership. While some redecoration took place over the past three years, such as the conversion of office space into en suite bedrooms, the redecoration of two sitting rooms, the creation of a new reception area and wallpapering of some bedrooms; overall on this inspection the premises was in a poorer decorative state than previously. The renovation and improvement plan set out in July 2013 in which specific works were to be completed by December 2013 had not been implemented. This is discussed in outcome 12.

The poor consultative manner in which decisions were made and implemented by the provider, was a shortcoming of the overall governance of the centre. The lack of strategic management planning was highlighted to the providers on previous inspections as an area that needed to be addressed. There was no evidence that this had improved. Inspectors found that risk was not managed effectively in relation to
building works that had commenced in the centre, which were not part of the July 2013 plan. The provider had commenced these works at short notice and without informing the person in charge beforehand. The provider had not identified any risks associated with these works or put measures in place to manage those risks. The person in charge and staff were unable to tell the inspectors of how the risks associated with the building works and the movements of workers through the centre were being managed.

Inspectors were concerned about infection control measures in the centre. The machines in place to wash and disinfect the commodes were broken which compromised infection control arrangements. Also, clean linen was stored in an unhygienic, unclean area. Furthermore, this area was very cluttered and presented a risk of trips and falls. Risk management is further discussed under Outcome 7.

In general there were good record maintenance systems in place with the exception of the manner in which archive records were stored. Some of these records were accumulated in a cluttered garage where unauthorised persons had access to them. This was a symptom of a lack of adequate storage facilities and indicative of the careless management arrangements in place.

These and other matters are covered in the report.

<table>
<thead>
<tr>
<th>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.</th>
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<table>
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<tr>
<th>Outcome 03: Suitable Person in Charge</th>
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<tbody>
<tr>
<td><strong>The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.</strong></td>
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<tr>
<td><strong>Theme:</strong></td>
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<tr>
<td>Leadership, Governance and Management</td>
</tr>
<tr>
<td><strong>Judgement:</strong></td>
</tr>
<tr>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td><strong>Outstanding requirement(s) from previous inspection:</strong></td>
</tr>
<tr>
<td>No actions were required from the previous inspection.</td>
</tr>
<tr>
<td><strong>Findings:</strong></td>
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<tr>
<td>The post of person in charge was full-time and held by a nurse with experience in the area of nursing the older person. She was identified by staff as the person responsible for care. She was involved with the operational management of the centre on a regular and consistent basis and had regular informal communication with the nominated provider. However, there was no evidence that appropriate operational governance meetings took place between the person in charge and the providers. The result was that the person in charge was poorly informed of building/conversion works that were...</td>
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</tbody>
</table>
taking place on the first floor of the centre at the time of inspection and poorly informed of proposed works that were to take place on the ground floor. It was not clear to the inspectors how the implementation of the work plan was agreed with the person in charge or how the inevitable disturbance the work would cause was communicated to residents, relatives and staff. Nor was it clear how the impact of the work was risk assessed and minimised. The poor consultative manner in which decisions were made and implemented, was a weakness in the management arrangements. This issue with the governance of the centre was highlighted to the providers on previous inspections.

On this inspection the person in charge did not have the autonomy to replace broken equipment and did not have a formal structure to bring these issues to the providers and ultimately to a resolution. This limited her autonomy to effectively discharge her responsibilities.

There were no appropriate deputising arrangements in place for the person in charge. Since the last inspection, the person appointed as a clinical nurse manager (CNM), who was also the nominated deputy to the person in charge, moved from this post to that of staff nurse. Inspectors were informed that the CNM post had not been developed to its potential and protected hours were not assigned for clinical supervision work. At the time of this inspection there was no clinical nurse manager. The provider covered annual leave duties for the person in charge but her availability for this role was limited as she also had a management remit in two other nursing homes.

**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:**
As part of assessing the adequacy of storage arrangements (discussed in outcome 12) inspectors noted that residents' records no longer in use were not maintained in a safe and secure manner. They were stored in boxes in a garage that maintenance, kitchen and other staff had access to.
**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:**
A policy and procedure was in place for the prevention, detection and response to abuse. When spoken to by inspectors, staff appeared to be clear on their responsibilities if they had a concern about a resident's protection or if a concern was brought to their attention.

The centre staff said they had received mandatory elder abuse awareness training and a training matrix was available confirming dates of training and who attended.

Systems were in place to safeguard residents' money and this system was monitored by the person in charge. However, there was a gap in the documentation in that on the day of inspection, one resident’s finances did not tally with the amount recorded in their personal receipt book. Upon further investigation this was due to the fact that money was taken the previous day to make a purchase for the resident. The receipt book recorded the amount of the purchase but did not reflect that a larger sum was taken and that change was needed. This change had not been returned in a timely manner, hence the discrepancy between the receipt book and the money in the resident's folder. This was rectified immediately.

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**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 - Moderate

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.
**Findings:**
The health and safety of residents, visitors and staff was not adequately promoted and protected. While an up-to-date health and safety statement was in place and risk assessments were updated annually by the person in charge; there was no risk assessment conducted prior to carrying out renovation work within the centre. Linen and incontinence wear was stored in two small cluttered rooms along with other items. This was a trip hazard and had been identified in previous reports as needing attention and the provider's response indicated it had been addressed.

There were adequate precautions in place against the risk of fire. A record was maintained of the daily visual inspection of the fire exits carried out by staff. Inspectors observed that fire exits were unobstructed. Fire extinguishers were serviced and up to date records of such servicing were available. Emergency lighting was checked on a weekly basis. Staff has fire drill training twice a year and records were available of this. The last drill took place on 2 January 2014. An emergency plan was in place and was updated since the last inspection.

A record was maintained of accidents occurring in the centre. Such accidents and incidents were audited on a regular basis and measures put in place to minimise them. Hand gels were in place throughout and in general there were good hand washing facilities in place. However, access to the hand washing sinks in two of the three sluice room was impeded by the storage of commodes and other equipment. A record was available showing that all staff had received training updates on infection control in 2013. However, a functioning automatic washer/disinfector for commode buckets, bedpans and urinals was not in place in any of the three floors, which placed residents at an unacceptable risk of cross contamination. In addition the sluice rooms were small, used for storage and equipment blocked easy access to all sinks.

**Outcome 08: Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Safe Care and Support

**Judgement:**
Compliant

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

**Findings:**
There were medication management written policies and procedures detailing ordering, prescribing, storing and administration of medicines. The procedures in place for the handling and disposal for unused or out of date medicines were satisfactory.

Evidence was found of substantial compliance with residents’ medicine prescriptions.
They were reviewed at least three monthly by medical practitioners. Measures were in place to reduce the potential risk of medication administration error. These measures included stating the maximum doses for PRN medications (pro re nata - a medication that should be taken only as needed), discontinued medicines were signed by a medical practitioner, administration records identified where residents received their medicines in a crushed format, medications were supplied to the centre on a weekly basis, staff undertook medication management training, the person in charge regularly monitored medication administration rounds and staff confirmed to inspectors they were happy with the medication management system in place. A system was in place where residents’ prescriptions were checked for accuracy with their general practitioner (GP) on their return from hospital. The person in charge had identified this as a time for a potential medication error and put in place measures to minimise the risk.

A medication round was observed and practices adhered to professional guidelines. Controlled drugs were checked at the beginning of each shift. It was evident that the person in charge and the majority of staff learnt from untoward incidents. For example, poor medication administration practices had been an issue in the centre and these had been addressed. There was scope for more attention to be given for the recording of “near misses”.

**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:**
A record was maintained of all incidents occurring in the centre. Quarterly reports were provided to the inspectorate as required.

**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:**
A system was in place to review, monitor and improve the quality and safety of life for residents. However, this system was primarily limited to clinical reviews. For example, the person in charge undertook regular medication administration audits and following such audits an action plan was put in place to address the shortcomings identified. Falls were audited and where indicated preventative measures were put in place. The capacity to increase the level of clinical auditing carried out was constrained by the absence of having a member of the management team or a clinical nurse manager to support the person in charge in undertaking such tasks.

There was evidence of consultation with residents and their representatives. For example, a residents' forum was in place however, it was unclear how often the forum convened. The person in charge met with residents on a daily basis and sought feedback in an informal way. A resident had taken on the role of residents' advocacy officer to aid residents who were challenged to have their voices and opinions heard. This was a positive initiative.

An audit of the environment had taken place in July 2013 to establish how the quality of the environment could be improved. Following this audit a report was drawn up in the form of a "renovation and improvement plan" detailing works to be completed by December 2013. However, it was not adhered to. An updated plan is now requested to be submitted to the Chief Inspector of the proposed, work, refurbishment and redecoration that will be completed by 1 June 2014. A copy of this plan is to be made available to residents.

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**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:**
Compliant

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**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.
Findings:
Residents’ healthcare needs were met through timely access to GP services and appropriate treatment and therapies. Residents had access to allied healthcare services appropriate to their care needs. These included physiotherapy, occupational therapy, dietetics, speech and language therapy, dental and optical services. The care delivered encouraged the prevention and early detection of ill health and enabled residents to make healthy living choices. For example, routine blood tests were carried out, vaccinations were given to prevent flu and pneumonia and exercises classes were facilitated to support residents’ independence and mobility.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was shared. For example, prescriptions from hospitals were confirmed for accuracy with the general practitioner (GP). Residents were under the care of several GPs, most of whom visited the centre on a regular basis or when required.

The assessment, care planning processes and clinical care accorded with evidence-based practice. Residents had been assessed to identify their individual needs and choices. Each resident had a personalised care plan which detailed their needs and choices. It gave a descriptive account of a resident's life story and their care needs. Care was delivered to residents in accordance with this plan which was reviewed on an ongoing basis and at a minimum every three months.

Efforts were made to identify and alleviate the underlying causes of behaviour that were challenging and many staff had received training in this area. Where restraint was used it was in line with the national policy on restraint and documentation showed that prior to it being used, an assessment took place.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. Staff and relatives commented on the increased number of activities available to residents.

Residents confirmed their satisfaction with the meals provided and where indicated, a written record was maintained of residents’ fluid and food intake. Residents were weighted monthly or more frequently if needed. Where residents had issues with their weight and nutrition, a weekly weight ensured a greater level of attention to these needs.

The centre had the support of the palliative care services that supported staff with end-of-life care.
**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 - Major

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

**Findings:**
The premises were generally clean, tidy and warm. However, as outlined at the outset of this report, many areas of the premises and some equipment, were in need of redecoration, refurbishment and/or replacement. The need to upgrade the premises was identified in 2010, when the current providers took over St. Paul’s Nursing Home. Following the June 2013 inspection, the provider submitted to the inspector a “renovation and improvement plan” covering the period June to December 2013. Two to five tasks were assigned for each month. Some of the June 2013 targets were met but none of the plans for the remainder of the year had been completed. On this inspection the centre remained in a poor decorative state.

The majority of bedrooms had scuffed furniture and doors, torn and dirty wallpaper and upholstery in need of repair. Several of the bedrooms had broken and rusty window blinds and many of these rooms did not have window curtains. For some residents on the first floor their bedrooms overlooked a busy street and a housing estate. Not being provided with adequate window screening compromised their privacy and dignity and stymied the creation of a comfortable and homely atmosphere. Other items of furniture and décor in need of repair or replacement included bed tables the majority of which were shabby with rust and chipped paint, commodes which had rusty legs, wheelchairs which had mis-matched foot-plates, flooring in bedrooms and stairwells which was worn and difficult to clean, chairs which were broken or had torn upholstery, doors which were damaged following locks being changed and tiles missing from a toilet wall.

Where repair work had been undertaken it was generally in a piece meal manner for example, bedroom walls were repapered but the damaged furniture had not been redecorated or replaced. At the time of inspection a second hand conservatory was being erected at the exit door to the secure garden area. At the same time renovation work was being undertaken on the first floor by the same group of workers. It was not clear what planning had gone into erecting the conservatory, whether or not it suited the needs of residents or whether it would have been more appropriate to complete the first floor work and the 2013 renovation plan before taking on a new project.
The centre did not have en suite facilities and therefore relied on the use of commodes. However, none of the equipment used to wash and disinfect commodes was in working order. From what inspectors could establish this equipment had not been working for several months. In addition items such as commodes were stored in the small sluice rooms, impeding access to the sink and hand washing facilities.

This delay in fixing or replacing equipment was not limited to the sluice room. In the laundry, a washing machine was out of order for a number of weeks and the centre was operating on the use of one washing machine for linen and personal laundry for 57 residents. The dishwasher in the kitchen, while working on the day of inspection, was reported to inspectors of being in frequent need of repair. Kitchen work, specified as needing to be attended to in a recent environmental health officer's report had not been addressed.

There was inadequate storage of linen and incontinence wear. These were stored in two unheated, cold and unclean rooms. Items of furniture were also stored in these small rooms and the clutter was a trip hazard. This had been identified in previous reports as needing attention and the providers response indicated it had been addressed. There was inadequate storage for residents' records which were no longer in use. They were not maintained in a safe and secure manner as they were stored in boxes in a garage that maintenance, kitchen and other staff had access to.

There was inadequate storage facilities for equipment and bathrooms were used as storage areas for wheelchairs, hoists, commodes and trolleys. In order to use the bathroom/shower rooms this furniture had to be removed to the corridor. Apart from the bathrooms/shower rooms being used for storage there was also an inadequate number of them. There was one shower room on the second floor for 20 residents and two shower/bath rooms for the 23 residents on the first floor. The recommended ratio is 1:11. One of the two shower rooms on the first floor was also used as the hairdressing salon twice weekly which curtailed its use as a shower room and effectively left this floor with one shower to 23 residents. The inadequacy of the shower and bath facilities was identified in previous reports.

There were inadequate storage for cleaning equipment which was seen to be stored in the laundry.

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

Findings:
The complaints of residents, his/her family and visitors were acted upon and there was an appeals procedure in place. Written operational policies and procedures were in place for the management of complaints and the policy was displayed in a prominent place.

The person in charge maintained details of the complaint, the results of any investigations and the actions taken. The outcome and whether or not the complainant was satisfied were recorded. When asked, residents knew who they could speak to if they had any complaints or concerns.

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:
No actions were required from the previous inspection.

Findings:
Since the previous inspection dependency levels had increased; however, there was no corresponding increase in staffing levels. At the time of this inspection approximately two thirds of residents required assistance at meal times and the number of low dependency residents had changed from being 37% of the resident population to 12%. Inspectors were informed that if extra staffing hours were required, this had to be sanctioned by the provider. Such arrangements impinged on the flexibility required to engage extra staff at short notice and impacted on the person in charge capacity to exercise her regulatory responsibilities with regards to ensuring there was adequate staffing at all times.

Residents and relatives spoke positively about staff and inspectors observed staff interacting with residents in a calm and respectful manner. Inspectors also noted staff appeared busy and worked beyond their shift finishing time. Considering the increased dependency of residents, the layout of the building which extended over three floors, staff working beyond their finishing time, the poor contingency plans in place to replace or increase staff at short notice and the limited management support time available,
inspectors concluded that staffing arrangements needed to be reviewed.

There was an induction process and education programme in place for staff. Staff had received mandatory training in moving and handling, fire training and elder abuse awareness. Staff were aware of policies and procedures related to the general welfare and protection of residents. A staff rota was maintained and showed there were at least two nurses on duty at all times.

Staff were supervised and were aware of regulations and standards pertinent to the nursing home environment. The documentation required for each staff member as per Schedule 2 of the Regulations was kept in the office of the person in charge. Those staff files examined were generally complete. However, there was inadequate certification of fitness to work for one member of staff. Staff meetings were held on a quarterly basis or more frequently if required. Minutes were maintained of these meetings.

**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:**

Margaret O'Regan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

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<th>Centre name:</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000433</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>28/01/2014 and 29/01/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>21/03/2014</td>
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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 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:**
Residents' records no longer in use were not maintained in a safe and secure manner. They were stored in boxes in a garage that maintenance, kitchen and other staff had access to.

**Action Required:**
Under Regulation 22 (1) (ii) and (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:**
A secured area is being built to house all archives in the garage.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Proposed Timescale:** 30/04/2014

### 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:
The systems that were in place to safeguard residents’ monies had gaps in the documentation.

**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:**
Staff re training has taken place regarding all resident monies management and we are now in full compliance.

**Proposed Timescale:** 21/03/2014

### 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:
Some risks in the centre had not been assessed such as the risk involved in carrying out renovation work on the first floor.

**Action Required:**
Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**
Risk assessments have been completed on relevant building works commenced in the centre

**Proposed Timescale:** 24/03/2014

**Theme:** Safe Care and Support

The **Registered Provider** is failing to comply with a regulatory requirement in the following respect:
A functioning automatic washer/disinfector for commode buckets, bedpans and urinals was not in place in any of the three floors. This placed residents at an unacceptable risk
of cross contamination. In addition sluice rooms were small, used for storage and equipment blocked easy access to the sinks.

Linen and incontinence wear was stored in two small cluttered rooms along with other items. This was a trip hazard.

**Action Required:**
Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Please state the actions you have taken or are planning to take:
Extra storage rooms are being built and created and both sluice rooms have been completely refurbished and sluice machines are now fully operational.

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

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**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:**
The "renovation and improvement plan" submitted in July 2013 as part of a previous review of the safety and quality of the premises was not adhered to. A plan is now requested to be submitted to the Chief Inspector of the proposed, work, refurbishment and redecoration that will be completed by 1 June 2014.

**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:
See attached copy of our new proposed work, refurbishment and redecoration plan which has been made available to the residents.

**Proposed Timescale:** 01/07/2014

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**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:**
Equipment provided at the centre was not in good working order.

**Action Required:**
Under Regulation 19 (3) (c) you are required to: Maintain the equipment for use by
residents or people who work at the designated centre in good working order.

**Please state the actions you have taken or are planning to take:**
Equipment not in good working as part of the overall refurbishment plan will be replaced

<table>
<thead>
<tr>
<th>Proposed Timescale: 01/07/2014</th>
<th>Theme: Effective Care and Support</th>
</tr>
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<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td></td>
</tr>
<tr>
<td>Many parts of the centre were in a poor decorative state.</td>
<td></td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
<td>Under Regulation 19 (3) (d) you are required to: Keep all parts of the designated centre clean and suitably decorated.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td>All Areas that required decoration will be completed as part of the overall refurbishment and renovation plan and with respect and approval of the residents and their advocates.</td>
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</tbody>
</table>

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<tr>
<th>Proposed Timescale: 01/07/2014</th>
<th>Theme: Effective Care and Support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td></td>
</tr>
<tr>
<td>There were inadequate shower/bath facilities for the number of residents accommodated in the centre.</td>
<td></td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
<td>Under Regulation 19 (3) (j) part 1 you are required to: Provide sufficient numbers of toilets, and wash-basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td>A new shower is being installed in the second floor and a refurbishment of the shower of the old hairdressers</td>
</tr>
</tbody>
</table>

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<tr>
<th>Proposed Timescale: 01/06/2014</th>
<th>Theme: Effective Care and Support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td></td>
</tr>
<tr>
<td>There was inadequate space in the sluice rooms; access to the sinks was impeded by the storage of equipment and the bedpan washers were not functioning.</td>
<td></td>
</tr>
</tbody>
</table>
### Action Required:
Under Regulation 19 (3) (k) you are required to: Provide necessary sluicing facilities.

**Please state the actions you have taken or are planning to take:**
There has been a complete refurbishment of the sluice areas with complete access to sinks and storage equipment, bed pan washers are now operational

**Proposed Timescale:** 01/06/2014  
**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was inadequate storage facilities for equipment.

**Action Required:**
Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

**Please state the actions you have taken or are planning to take:**
New storage facilities have been created

**Proposed Timescale:** 01/06/2014  
**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Suitable adaptations were not made to equipment in that wheelchairs had mis-matched foot plates.

**Action Required:**
Under Regulation 19 (3) (n) you are required to: Make suitable adaptations, and provide such support, equipment and facilities, including passenger lifts for residents, as may be required.

**Please state the actions you have taken or are planning to take:**
Foot plates have been correctly matched to their corresponding wheelchairs and staff retrained on proper housekeeping some new wheelchairs purchased

**Proposed Timescale:** 01/06/2014

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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:**
There was inadequate certification of fitness to work for one member of staff.

**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:**
The one member referred to in the report did not have an Irish Medical Practitioner and had two clearance certificates on file and sanctioned by An Bord Altranais as sufficient for purpose. Since the inspection this member of staff has registered with a GP and obtained a certificate stating she is medically and mentally fit to work.

**Proposed Timescale: 21/03/2014**