# Health Information and Quality Authority

## Regulation Directorate

## Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Paul’s Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-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>Lead inspector:</td>
<td>Margaret O'Regan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>57</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
</tbody>
</table>
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 09 July 2014 15:20  To: 09 July 2014 18:20

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

| Outcome 01: Statement of Purpose |
| Outcome 02: Governance and Management |
| Outcome 05: Documentation to be kept at a designated centre |
| Outcome 08: Health and Safety and Risk Management |
| Outcome 12: Safe and Suitable Premises |
| Outcome 13: Complaints procedures |
| Outcome 16: Residents' Rights, Dignity and Consultation |
| Outcome 17: Residents' clothing and personal property and possessions |

Summary of findings from this inspection
This follow-up inspection was carried out to monitor progress by the provider to the actions identified on the inspection of 4 and 5 June 2014. The inspector met with residents, staff, the newly appointed deputy person in charge and the person in charge. The inspector looked at the premises and reviewed the progress of the renovation and redecoration works. Practices were observed and documentation such as policies, the complaints log, the statement of purpose, the residents guide and risk assessments were reviewed.

The previous inspection identified areas that required attention which included:

* the completion of the statement of purpose as per Schedule 1 of the Regulations
* the provision of an accurate resident's guide
* a review of policies and procedures to ensure they were current, centre specific and reflected practice in the centre
* the putting in place of control measures to minimise identified areas of risk such as stairwells and a trip hazard on the 1st floor
* the provision of adequate infection control measures for the cleaning of bedrooms
* the provision of adequate sluice facilities on the ground floor
* the completion of the renovation plan in particular the completion of the redecorating of all bedrooms
* the provision of suitable facilities for residents to meet with visitors in private.
* the provision and maintenance of external grounds which are suitable for, and safe for use by residents
* the proper disposal of incontinence wear
* the management of laundry as per the centre's policy
* the provision of adequate ventilation in the nurses station
* the completeness of the complaints documentation
* the provision of phone facilities for residents to make and receive phone calls in private
* the provision of adequate space to ensure residents could retain control over their personal possessions
* the provision of laundry services which facilitated resident's safe return of their own clothes

The inspector found that most of the clinical issues identified were remedied. However, the inspector was not satisfied that the provider had taken the necessary action to address the non compliance in non clinical areas such as health and safety and premises. In addition the inspector was not satisfied that the provider had implemented the actions as submitted by them in response to the previous report, namely in relation to redecoration, renovation and repair works. These will be discussed throughout the report and the degree of compliance acknowledged. The action plan at the end of this report sets out the actions necessary to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the Standards.
Outcome 01: Statement of Purpose  
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:  
Governance, Leadership and Management

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

Findings:  
A revised copy of the statement of purpose was sent to the inspectorate on 21st July 2014. The document included details of the communal space available in the centre and the revised management structure which reflected the appointment of a clinical nurse manager.

Judgment:  
Compliant

Outcome 02: Governance and Management  
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:  
Governance, Leadership and Management

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

Findings:  
The arrangements in place to facilitate staff to raise concerns about quality and safety issues which impacted on the service provided to residents were ineffectual. For example, the provider was informed by staff of the need to prioritise the fixing of a non-functioning toilet; however, this toilet was not operational at the time of inspection and was reported as not functioning for a number of weeks. A trip hazard, identified on inspection on 4th June 2014, had not been attended to by 9th July 2014 and staff reported that in the interim, there had been a "near miss" incident. Due to a protracted
length of time taken to erect a conservatory (January to September), residents spent the summer with restricted access to the garden. This lack of access to resources to maintain proper and safe facilities was identified in previous reports.

**Judgment:**
Non Compliant - Major

**Outcome 05: Documentation to be kept at a designated centre**
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
An updated version of the resident guide was submitted to the inspector. The guide had been amended to include details of the deputising arrangements in place for the person in charge.

The cleaning policy was amended to reflect the shortcoming identified on the previous inspection and to reflect the actual practice of the centre.

**Judgment:**
Compliant

**Outcome 08: Health and Safety and Risk Management**
The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Safe care and support

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

**Findings:**
The risk management policy had been reviewed since the previous inspection. However,
inadequate precautions were put in place to rectify the trip hazard at the entrance to the hair salon/staff canteen/linen store area. The action plan response indicated the matter had been reviewed and was in the process of being addressed. However, there was no evidence of progress in eliminating or reducing the risk. Further more staff reported there had been a "near miss" incident at this location.

The action plan response to addressing the unprotected stairwells indicated that an acceptable and safe solution would be in place by 30 September 2014. However, again there was no evidence of progress with this matter. The person in charge informed the inspector one of the stairwells would have appropriate safety precautions in place once the nearby conservatory was completed. It was noted by the inspector that visibly, there was no evidence that any work had been carried out on the conservatory since the inspection five weeks previously; it remained locked, partly completed and impeding access to the garden.

The person in charge attended to the action around the cleaning of the centre. She met with and followed up on the matters identified in the report with the contract cleaning company. The person in charge reported that cleaning staff were provided with extra guidance around the frequency in which cleaning cloths were to be changed. This had been an issue on the previous inspection.

The inspector was satisfied that since the previous inspection the person in charge gave instruction to staff on how to manage residents' laundry and reminded staff of the importance of ensuring each resident clothes were placed in their own laundry bag and the laundry bag tied secured before being placed in the laundry chute.

Since the previous inspection a lapse in security, involving a resident, occurred during night time hours. The Health Information and Quality Authority were notified of this by the provider within the time frame set out under regulation. The person in charge informed the inspector that measures put in place since the incidence included:

* staff being reminded of the need for diligence around ensuring the front door was locked at night
* an increase in frequency of night time checks on residents at risk of leaving the centre
* a sensory mat was put in place to alert staff to resident safety issues
* review of resident’s medication and medical care.

In addition to the above measures the person in charge informed the inspector of plans to install a key pad on doors leading to the front foyer with the aim of reducing the likelihood of such an incident. To minimise a re-occurrence, the provider had assessed a need to install an alarm system which alerts staff if a vulnerable resident leaves the centre. Some work had been carried out around installing the keypad and there was no evidence installation of a wandering alarm system was going to proceed.

**Judgment:**
Non Compliant - Moderate
**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

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

**Findings:**
Some areas of the premises were in need of redecoration, refurbishment and/or repair. The need to upgrade the premises has been an ongoing issue since 2010. A renovation plan, drawn up in April 2014 following an inspection on 29 January 2014, set out time scales as to when renovation work would be completed. The inspection of the 4 June 2014 noted that a significant amount of work had been undertaken, albeit that not all of the time scales had been met. At the time of the June inspection a revised completion date of August 2014 was given for redecoration of bedrooms, completion of the conservatory and the upgrading of a shower room on the 1st floor. The action plan response extended this completion date to 30 September 2014. However, on 9 July it was noted that no further redecoration of bedrooms had taken place in the five weeks since inspection; no progress was made in completing the conservatory and renovation of the shower room was not complete. Due to the building of the conservatory, access to the garden area continued to be restricted, with residents only able to access if accompanied by staff.

Apart from the renovation plan upgrading work not being completed, there were other maintenance issues which had not been attended to. For example, one of the two toilets on the second floor catering for 20 residents was out of order and the inspector was informed it had been out of order for a number of weeks.

The shower room on the ground floor, in working order at the time of the June inspection, subsequently had an issue with the wall panelling and was not usable for a number of weeks. This room is used by nine residents. The resulting repair works damaged the flooring. This delayed and haphazard approach to completing redecoration and repairing premises and equipment was identified as an issue in previous reports.

Progress had been made with the creation of a visitors room. The person in charge was expecting it to be completed by 30 July and within the time scale set out. An interim measure was in place to overcome the inadequate ventilation in the nurses office on the ground floor; in that an electric fan was put in place.

**Judgment:**
Non Compliant - Moderate
### Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

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

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

**Findings:**
The adequacy of documentation relating to complaints, which arose at the last inspection, had been addressed. A record was maintained of complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

**Judgment:**
Compliant

### Outcome 16: Residents’ Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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

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

**Findings:**
On the previous inspection, the inspector observed a resident receiving a phone call without being afforded adequate privacy. The inspector was satisfied on this inspection, that the person in charge had addressed this matter with staff.

**Judgment:**
Compliant
**Outcome 17: Residents’ clothing and personal property and possessions**

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

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

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

**Findings:**
On the previous inspection the clothing of the residents in one twin room was stored in an area which the residents did not have easy access to. This was rectified to ensure residents had easy access to their clothing.

**Judgment:**
Compliant

---

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Paul's Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000433</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>09/07/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28/08/2014</td>
</tr>
</tbody>
</table>

Requirements

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

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a lack of access to resources to maintain proper and safe facilities. The toilet was out of order for a number of weeks; a trip hazard identified on 4th June had not been attended to and residents had restricted access to the garden for the summer due to a protracted period in erecting a conservatory.

Action Required:
Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

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

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
The toilet is now fully installed and operational. The trip hazard has been addressed and a new door saddle made and placed in situ. The conservatory is completed and a ramped access/regress installed to the entrance/exit door to the garden. The handrail to the external footpath has been measured for and ordered and installation of same will take place by 30 September 2014.

**Proposed Timescale:** 30/09/2014

### Outcome 08: Health and Safety and Risk Management

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The measures and actions in place to control accidental injury to residents, visitors or staff remained inadequate. A trip hazard remained at the entrance to the hair salon and stairwells remained unprotected. There was no evidence of a commitment to addressing these matters in a timely manner.

**Action Required:**
Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

**Please state the actions you have taken or are planning to take:**
The door saddle has been replaced with a new door saddle which no longer presents a trip hazard to residents, visitors or staff.

**Proposed Timescale:** 13/08/2014

### 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:**
There were inadequate toilet facilities on the second floor.
There were inadequate sluicing facilities on the ground floor.
Not all bedrooms were maintained in a good decorative state.
The external grounds were not accessible to residents due to the protracted building works.

**Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the

Page 12 of 13
Please state the actions you have taken or are planning to take:
1. Toilet facilities are fully installed and operational.
2. A new sluice machine will be installed in the sluice room on the ground floor
3. Ongoing painting and refurbishment work is in place within the home
4. The external grounds are accessible and handrail will be fitted by 30/09/14

Proposed Timescale: No 1 = 13/08/14  No 2 = 30/09/14  No 3 = Ongoing
No 4 = 30/09/14