

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Joseph's Home
Centre ID:	0287
Centre address:	Killorglin
	Co Kerry
Telephone number:	066 9761124
Email address:	stjosephskillorglin@eircom.net
Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	The Sisters of St Joseph of Annecy
Person authorised to act on behalf of the provider:	Margaret Lyne (Sr Helena)
Person in charge:	Martina Felkel
Date of inspection:	01 August 2013 and 02 August 2013
Time inspection took place:	Day 1-Start: 08:00hrs Completion: 17:00hrs Day 2-Start: 08:00hrs Completion: 14:00hrs
Lead inspector:	Vincent Kearns
Support inspector(s):	n/a
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	38
Number of vacancies on the date of inspection:	2

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 their 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
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of 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, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- ☐ to inform a registration decision
- ☐ to inform a registration renewal decision
- ☒ to monitor ongoing compliance with regulations and standards
- ☐ following an application to vary registration conditions
- ☐ following a notification of a significant incident or event
- ☐ following a notification of a change in person in charge
- ☐ following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input checked="" type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input type="checkbox"/>
Outcome 14: End of Life Care	<input checked="" type="checkbox"/>
Outcome 15: Food and Nutrition	<input type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over two days. As part of the monitoring inspection, the inspector met with residents, relatives, the provider, the Person in Charge (PIC), the Clinical Nurse Manager (CNM) and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, policies and procedures and staff files. The inspector also assessed the progress made on the twenty two actions issued by the Authority from the inspection of 4 September 2013 and 5 September 2012. The inspector noted that 21 of the actions issued had been completed.

A number of improvements were required to comply with the requirements of 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*. These improvements included the following:

- lifting slings used to take the weight of residents being lifted, were not individualised to each residents individual needs
- not all care plans were sufficiently updated to reflect some changes in care provision.

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*.

Theme: Governance, Leadership and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

There is a written statement of purpose that accurately describes the service 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.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Action required from previous inspection:

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).

Completed

Inspection findings

The inspector noted that a statement of purpose was readily available and it described the services and facilities provided in the centre. The PIC confirmed that the statement of purpose was kept under review. The PIC provided the inspector with a copy that had been updated since the last inspection to include the registration number, date of registration and expiry date, and conditions attached to registration. The inspector reviewed the statement of purpose which met the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Outcome 3

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

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Action required from previous inspection:

No action required from the previous inspection.

Inspection findings

The PIC worked full time and displayed sufficient clinical knowledge to ensure suitable and safe care. The PIC was actively engaged in the governance, operational management and administration of the centre and staff training. The PIC informed the inspector that she met with the provider each day and attended formal meetings with the provider and the administrator every four to six weeks. In the absence of the PIC, the CNM or one of the staff nurses on duty undertook her responsibilities. Since the last inspection the PIC had continued her professional development and had attended a number of training courses including training in restraint, data/information governance, falls prevention, injection techniques, nutrition and dementia training, malnutrition universal screening tool (MUST) and infection control. Throughout the two days of inspection, the PIC demonstrated a positive attitude towards meeting regulatory requirements and a good level of knowledge of 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*.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

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.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Actions required from previous inspection:

To put in place a policy on and procedures for the prevention, detection and response to abuse.

Completed

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.

Completed**Inspection findings**

The provider lived in a building adjacent to the centre and informed the inspector that she was always available for residents and staff and spoke to residents and visitors every day of the week. The inspector reviewed the centres policy on the prevention of adult abuse and found it to contain procedures in place for the prevention, detection and response to abuse. Staff had received training in understanding adult abuse and implementing the centres policy on responding to suspicions, allegations and disclosures of abuse. Staff spoken to by the inspector had a clear understanding of what constituted abuse, procedure to take in the event of a disclosure of abuse and who to report it to. Residents spoken to by the inspector voiced how safe they felt and spoke positively about the care they received from staff. The inspector observed staff engaging with residents in a respectful and suitable manner. Staff and the PIC were observed knocking on bedroom doors prior to entering, speaking with residents and visitors in a sensitive and considered way and generally dealing with care and welfare issues in an appropriate manner.

The inspector reviewed the policy on residents' personal property and possessions that was dated as having been reviewed by the PIC in February 2013. This policy required staff to record residents' personal property on admission and also required staff to ensure such records were kept up to date. The inspector noted on crosschecking residents' files that in practice residents' property records were recorded on admission and kept up to date.

The provider outlined difficulties with the financial situation of the centre and her planned strategy for future viability; which included a business plan aimed at stabilising the future financial viability of the centre. The provider confirmed that there had been no impact on the care provided to residents from this issue.

The provider also informed the inspector that the residents, family and the staff of the centre had been at all times kept informed of this ongoing situation.

Outcome 7

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

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Action required from previous inspection:

To take all reasonable measures to prevent accidents to any person in the designated centre by ensuring the safe storage of personal protective equipment including latex gloves and plastic aprons.

Completed

To take all reasonable measures to prevent accidents to any person in the designated centre by putting in place adequate arrangements in relation to the adjustment cords for window blinds in the centre.

Not completed

To take all reasonable measures to prevent accidents to any person in the designated centre by ensuring the safe and secure storage of cleaning liquids.

Completed

To ensure that suitable cleaning equipment was provided for use by persons who work in the centre and that such equipment was suitably stored to prevent cross-infection.

Completed

To provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice, including the prevention of cross-infection.

Completed

To supervise all staff members on an appropriate basis pertinent to their role, including the prevention of cross-infection.

Completed

To ensure that all staff members are made aware of the provisions of the Act and all regulations and rules made thereunder commensurate with their role and any policies and procedures including the infection control policy and cleaning procedures.

Completed

To ensure that the risk management policy covers the precautions in place to control the following specified risks: self-harm, smoking of cigarettes, the use of bedrails, accessing cleaning liquids and self-harm.

Completed

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.

Completed

Take adequate precautions against the risk of fire and put in place appropriate and suitable practices and written operational policies relating to ensuring the safe storage of cigarette lighters and matches.

Completed

Inspection findings

The centre had an up-to-date health and safety statement. The inspector examined the fire safety register which showed that fire fighting, fire safety equipment and fire alarms had been most recently serviced in July 2013. The inspector noted that fire safety checks were conducted and all fire door exits were seen to be unobstructed. The fire policies and procedures viewed by the inspector were centre-specific and there was a fire safety plan. There were notices for residents and staff on "what to do in the case of a fire" appropriately placed throughout the premise. The inspector noted that there were records of staff having completed fire training and evacuation drills. All staff with whom the inspector spoke were able to clearly articulate appropriate knowledge and understanding of what to do in the event of fire.

The environment was kept clean and well maintained, with flooring and lighting in good condition and there was a working call-bell system. There was a waste disposal contract in place and there were measures in place to control and prevent infection, including arrangements for the segregation and disposal of waste, including clinical waste, and staff spoken to had received infection control training.

Staff with whom the inspector spoke were able to articulate adequate responses in relation to suitable infection control practices. The inspector observed staff abiding by best practice in relation to infection control, with regular hand washing and the appropriate use of personal protective equipment such as latex gloves and plastic aprons. Since the last inspection measures had been taken to further enhance the safe storage the plastic aprons and latex gloves. These measures included the storage of boxes of latex gloves in a number of storage rooms at various locations and the risk assessing of such personal protective equipment.

The cleaning processes outlined by staff to the inspector were in keeping with best practices. Since the last inspection the equipment used for cleaning had been upgraded, was suitably colour coded and stored to prevent cross-infection.

The inspector viewed the laundry room which was located to the rear of the premise and noted that it was clean, tidy and well maintained and contained hand washing facilities for staff.

There was evidence that staff were trained in moving and handling of residents. The inspector observed staff using equipment to aid the transfer of residents in an appropriate manner. The inspector viewed records in relation to equipment inspection and maintenance, including the hoists which had been serviced on a regular basis with the most recent inspection report dated May 2013. However, the inspector was informed that lifting slings used to take the weight of residents being lifted, were individualised to each residents individual needs.

The inspector reviewed the risk management policy dated as reviewed by the PIC in November 2012 and there was a risk register was in place which contained completed risk assessment forms and risks had been rated. The inspector noted that hazards had been identified and suitable controls to minimise risks and the persons to implement such controls were identified in the risk register. However, the window blinds adjustment cords for the window in the small sitting room were unsecured posing a potential hazard to any resident with a cognitive impairment.

Outcome 8

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

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Action required from previous inspection:

No action required from the previous inspection.

Inspection findings

There was evidence that residents' medication charts were reviewed at least three monthly by the residents' general practitioner (GP). There was a centre-specific medication policy signed and dated as reviewed since the last inspection by the PIC in January 2013. This policy detailed the procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. Photographic identification for residents was in place. The inspector noted that a copy of Bord Altranais agus Cnáimhseachais na hÉireann medication guidelines was available. The medication trolleys were stored and secured in the clinic room and the medication keys were held by the CNM or staff nurse. Nursing staff to whom the inspector spoke demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements.

The medication fridge stored medication at the appropriate temperature and there were suitable records available in relation to the regular temperature monitoring of this fridge. Controlled drugs were stored safely within locked cupboards also in the clinic room.

Stock levels of controlled drugs were recorded at the end of each shift and recorded in a register, in keeping with best practice.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 10

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Action required from previous inspection:

No action required from the previous inspection.

Inspection findings

The inspector noted that the activities coordinator worked each day in the centre and there was a programme of activities available which included: chair exercises, daily newspaper readings, creative arts, crafts, card making, bingo, dance, music, movies, cooking and flower arranging. The inspector spent time with residents in the sitting rooms and noted there was an easy and friendly interaction between staff and residents. Residents confirmed to the inspector that they enjoyed the group games and individual banter. The PIC informed the inspector that the centre had recently acquired a young friendly collie dog which was very popular with residents. The dogs' house was located just outside the entrance patio type doors from the large sitting room into the garden, thus allowing residents to view the dog when he was not visiting inside the premise. The PIC stated that the dog visited residents regularly and a number of residents to whom the inspector spoke confirmed that really enjoyed this interaction.

There was a policy on quality assurance and improvement which since the last inspection had been updated by the PIC in January 2013.

There was evidence that further work had commenced since the last inspection in putting in place a system to review and monitor the quality and safety of care and the quality of life of residents. The PIC informed the inspector that staff had continued to develop a quality management system which included a programme of regular and robust auditing. The inspector noted that such audits had been comprehensively conducted on a weekly and monthly basis and included audits in relation to medication management, accidents, pressure sores and food and nutrition. The inspector noted that a resident satisfaction survey had also been conducted in July 2013 and as appropriate, relatives had also participated in this survey. While the population sample size had been small the inspector noted that this survey clearly demonstrated significant satisfaction levels among respondents in relation to the care they had received.

Outcome 11

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.

References:

Regulation 6: General Welfare and Protection
 Regulation 8: Assessment and Care Plan
 Regulation 9: Health Care
 Regulation 29: Temporary Absence and Discharge of Residents
 Standard 3: Consent
 Standard 10: Assessment
 Standard 11: The Resident's Care Plan
 Standard 12: Health Promotion
 Standard 13: Healthcare
 Standard 15: Medication Monitoring and Review
 Standard 17: Autonomy and Independence
 Standard 21: Responding to Behaviour that is Challenging

Actions required from previous inspection:

To provide a high standard of evidence based nursing practice and ensure each resident's needs are set out in an individual care plan, including assessments in relation to residents who smoke and provide clinical observations at suitable frequency that have been developed and agreed were possible with each resident.

Completed

To put in place suitable and sufficient care including suitable management and recording of care planning to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

Completed

To put in place appropriate and suitable practices and written operational policies relating to each occasion in which restraint is used and ensure that staff are familiar with such policies and procedures.

Completed

To keep a satisfactory record of any occasion on which restraint is used, the nature of the restraint and its duration.

Completed

Inspection findings

The centre had a comprehensive care planning process in place for each resident and there was a centre specific care plan policy dated as reviewed by the PIC May 2013. The PIC informed the inspector that she intends to introduce a new resident centred staff allocation system in relation to care planning in September 2013. The inspector reviewed a selection of care plans and noted all included detailed information pertinent to each resident. The inspector noted from the sample of care plans reviewed that residents had timely access to GP services and appropriate allied services which included physiotherapy, occupational therapy, chiropody, optical services. Records were maintained of referrals and follow-up appointments. The inspector found that the residents' healthcare needs were adequately met and residents to whom inspectors spoke, said they were satisfied with the healthcare services provided. There was evidence that the care plans were reviewed at least every three months, however, the inspector noted that not all changes in care provision were reflected in some of the care plans.

In relation to restraint practices, the inspector observed that while bedrails were in use, their use followed an appropriate assessment. Care plans of residents using bedrails detailed that their use was subject to assessment and ongoing review. The inspector noted that signed consent from residents was secured where possible and the use of bedrails discussed with residents' representatives as appropriate. There was a centre-specific restraint policy dated as reviewed in January 2013. This policy stated that the centre aimed for a restraint free environment and included a direction to consider all other options prior to using restraint. Since the last inspection new monitoring charts had been devised. The inspector noted that there were monitoring checks of residents while bedrails were in use were relevant to each resident's assessed needs.

The inspector viewed a centre-specific policy on smoking which had been updated since the last inspection in January 2013. The inspector noted that care plans contained assessments of residents who smoked; including the mini-mental test score designed to risk assess each resident in relation to their capacity to smoke cigarettes safely. The PIC informed the inspector that all residents who smoked were supervised while smoking and all cigarettes lighters were stored in the nurses' office.

Outcome 12

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.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Actions required from previous inspection:

Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents including by making suitable adaptations, including adequate support railings in relation exit door from the dining room.

Completed

Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents including securing access to the cleaning room.

Completed

Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents including securing access to the store room.

Completed

Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents including securing access to the staff room.

Completed

Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents by making all necessary arrangements in relation to a trip hazard located in a toilet on the corridor of St Brigid's unit.

Completed

Inspection findings

There was a good standard of décor and evidence that the premise was regularly maintained. Efforts had been taken in creating an atmosphere of comfort through the use of suitable fittings and furnishings. There was a spacious sitting room which had large windows providing plenty of natural light and pleasant views of the surrounding garden to the rear of the premise.

While there was a separate large activities room, the large sitting room was also used for a number of functions including activities. There was also a smaller sitting room and a number of small alcoves, which allowed for residents to meet visitors.

Since the last inspection, the inspector noted that there had been a number of alterations and improvements in the general décor. These improvements included; a number of bedrooms and living areas had been repainted and/or had new floor covering; there was new seating and bedroom furniture in some rooms and the large sitting room had obtained a new large wall painting. The theme of this painting had been chosen by residents and was an impressionists' view of the local surrounding countryside. In addition, the inspector noted that support railings had been erected at the exit door from the dining room and access to the laundry room had been restricted.

There was a secure and well tendered garden located at the rear of the premise and which was accessible for residents from the main sitting room. This garden contained suitable walkways for residents with reduced mobility, some pleasant shrubs and flowers planted and some suitable garden furniture. In addition, there was an external area to the front of the premise that contained flowers in hanging baskets, some suitable seating and there was also a support railing provided.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13

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.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Action required from previous inspection:

No action required from the previous inspection.

The inspector noted that there was a centre-specific complaints policy which had been reviewed by the PIC in January 2013. The complaints policy identified the PIC as the nominated complaints officer and also included an independent appeals process as required by legislation. A copy of the complaints procedure was provided in the statement of purpose and the resident's guide. The inspector noted that there was a notice board containing information for residents and visitors in relation to making a complaint.

In addition, there was information in relation to residents' and visitors' rights and how to make a complaint. The inspector noted that there was a complaint/suggestion box also available near the entrance.

The PIC stated that she dealt with any complaints as soon as possible and felt that residents were happy with the service they received. Since the last inspection, the format of the complaints log had been updated and the PIC informed the inspector that greater efforts had been made in capturing/recording the details of as many complaints as possible. Residents to whom the inspector spoke confirmed that any complaints they might have were dealt with satisfactorily. The inspector reviewed the complaints log which was centre specific, detailed any investigations and outcomes following any complaint, and recorded whether or not the complainant was satisfied.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

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.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Actions required from previous inspection:

No action required from the previous inspection.

Inspection findings

Staff were able to articulate clearly to the inspector, the management structure and reporting relationships, and confirmed that copies of both the Regulations and the Standards had been made available to them. The inspector noted that there was a selection of healthcare reading materials and reference books stored in the nurses' office. There were also recently updated policies and relevant health related articles made available in the staff' room.

There was evidence that meetings were held with nursing and non nursing staff and these meetings were chaired by the PIC. The inspector reviewed minutes of the most recent nurses' meeting dated March 2013 and the non nursing staff meeting held in June 2013. From the minutes of these meetings issues discussed included the following- staff roster, on-call arrangements, care planning, previous inspection reports and policy developments.

The inspector viewed the staff training matrix which also identified staff who were due training. Staff, spoken to by the inspector, were familiar with the training programme and confirmed to the inspector training they had attended or training they were due to attend. The PIC confirmed that staff education and personal development was actively facilitated and provided records of a staff training schedule which included the following training:

- manual handling
- adult abuse
- infection control
- managing restraint
- fire safety
- nutrition and dementia
- falls prevention
- data protection
- malnutrition universal screening tool (MUST).

The inspector reviewed a selection of staff files and noted from these files that the documents required under schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were available.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, PIC and the CNM to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

Report compiled by:

Vincent Kearns
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

27 August 2013

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report *

Centre Name:	St Joseph's Home
Centre ID:	0287
Date of inspection:	01 August 2013 and 02 August 2013
Date of response:	10 September 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, 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*.

Theme: Safe care and support

Outcome 7: Health and safety and risk management

1. The provider has failed to comply with a regulatory requirement in the following respect:

To take all reasonable measures to prevent accidents to any person in the designated centre by ensuring that all window blinds adjustment cords were secured.

To take all reasonable measures to prevent accidents to any person in the designated centre by ensuring that lifting slings used to take the weight of residents being lifted, were individualised to each residents individual needs.

Action required:

Take all reasonable measures to prevent accidents to any person in the designated centre by ensuring that all window blinds adjustment cords were secured.

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

Take all reasonable measures to prevent accidents to any person in the designated centre by ensuring that lifting slings used to take the weight of residents being lifted, were individualised to each residents individual needs

Reference:

Health Act, 2007
 Regulation 19: Premises
 Regulation 31: Risk Management Procedures
 Standard 25: Physical Environment
 Standard 26: Health and Safety

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

Timescale:

Provider's response:

The window blinds in small sitting room were removed.

Lifting slings were ordered for each individual resident, who is transferred by hoist.

Completed

Theme: Effective care and support

Outcome 11: Health and social care needs

2. The provider is failing to comply with a regulatory requirement in the following respect:

To put in place suitable and sufficient care including suitable management and recording of care planning to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

Action required:

Put in place suitable and sufficient care including suitable management and recording of care planning to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

Reference:

Health Act, 2007
 Regulation 8: Assessment and Care Plan
 Medical Records 25
 Standard 10: Assessment
 Standard 11: The Resident's Care Plan

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The nursing staff was advised to create a care plan reflecting all the changes in the resident's condition in addition to the existing care plan and the nurses report, which the nurses record on a daily basis.</p>	<p>Completed</p>