

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Catherine's Nursing Home
Centre ID:	OSV-0000429
Centre address:	Bothar Buí, Newcastlewest, Limerick.
Telephone number:	069 61411
Email address:	stephen@scncw.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Newcastle West Nursing Home Limited
Provider Nominee:	Stephen Murphy
Lead inspector:	Margaret O'Regan
Support inspector(s):	Noelle Neville
Type of inspection	Announced
Number of residents on the date of inspection:	64
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 3 day(s).

The inspection took place over the following dates and times

From:	To:
29 September 2015 09:55	29 September 2015 18:25
30 September 2015 09:00	30 September 2015 14:50
06 November 2015 11:30	06 November 2015 13:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This was the fifth inspection of the centre carried out by the Health Information and Quality Authority. The provider made an application to vary their conditions of registration and increase bed numbers from 64 to 67. This registration inspection was announced and took place over three days. Inspectors met with residents, staff members, the person in charge, the deputy person in charge and the provider.

Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Residents were seen to engage in activities such as art and craft work, music sessions, religious services and physiotherapy. The quality of the food was very good and the physical environment was well maintained. Rooms were personalised and the décor throughout was attractive. Residents had choices about getting up times, what to get involved in and when to have their meals.

Prior to inspection relatives and residents completed questionnaires which were sent to the Health Information and Quality Authority. These questionnaires related to the quality of service that they experienced. There was a lot of positivity around the respect and attention staff gave to residents. It was also evident from relatives responses that they were happy with the cleanliness of the nursing home, the food provided and the accessibility of the person in charge. All responses indicated a high satisfaction level with the care provided. All but one relative response indicated they were involved and consulted about their relative's care plan.

There were some gaps in documentation but overall this matter had much improved from previous inspections. Matters needing to be addressed were identified in relation to the storage of controlled drugs, the auditing of the use of bed rails, the provision of adequate training for staff and the supply of appropriate hand washing facilities. These are discussed in the body of the report.

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

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose consisted of a statement of the aims, objectives and ethos of the centre and a statement as to the facilities and services which were to be provided for residents. It contains the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. It was reviewed in October 2015.

The statement of purpose provided a clear and accurate reflection of the facilities and service provided. It stated its strong ethos of providing a good standard of individualised care which inspectors concluded was accurate.

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):

No actions were required from the previous inspection.

Findings:

The quality of care and experience of the residents were monitored and developed on an ongoing basis. Audits were conducted of key indicators which included; care planning accuracy, medication management, wound care and nutrition. Regular meetings took place to gain residents input into how the quality of the service could be improved. There was learning from audits as evidenced by the improvements in the results of the care planning audits. Compliance in care planning improved by approximately 30% in 12 months. However, restraint use, and in particular the use of bed rails was not routinely audited.

There was a clearly defined management structure that identified the lines of authority and accountability. The person in charge was supported in his role by a deputy person in charge.

Regular board of management meetings took place and minutes were maintained of such meetings.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A guide in respect of the centre was available to residents. It outlined the services and facilities provided. It was updated regularly.

A random sample of residents contracts were examined and they showed residents has agreed written contracts which included details of the services to be provided for the resident and the fees to be charged

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The centre was managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service. This person had been in this role since 2007.</p> <p>The person in charge demonstrated sound clinical knowledge and a good knowledge of the legislation and his statutory responsibilities. He was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. Residents and relatives could identify the person in charge. Staff felt supported by the person in charge.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 05: Documentation to be kept at a designated centre</i> <i>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.</i></p>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s):</p> <p>Findings: Records keeping had improved from previous registration inspections. However, gaps were noted. For example some of the Schedule 5 polices were not available for inspection; date was not always recorded on documentation, the medication policy was in need of review and the cause of death was not recorded in the resident directory.</p>
<p>Judgment: Non Compliant - Moderate</p>

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

In cases where the person in charge was expected to be absent for 28 days or more; the provider was aware to notify the Authority prior to expected absence. Adequate arrangements were in place to cover for emergency absences and planned absences of the person in charge.

Judgment:

Compliant

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy on, and procedures in place for, the prevention, detection and response to abuse. Staff knew what constitutes abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. The provider nominee ensured there were no barriers to staff or residents disclosing abuse. Residents stated they felt safe in the centre. There were some gaps in staff training in particular in relation to training updates on protection of vulnerable adults.

There were systems in place to safeguard residents' money.

There was a policy on, and procedures in place, for managing behaviour that is challenging. There was a policy on, and procedures in place, for the use of restraint. Inspectors were satisfied that staff had the appropriate knowledge and skills to respond

to and manage behaviour that was challenging. Efforts were made to identify and alleviate the underlying causes of behaviour that was challenging. There were good restraint assessments used and records were maintained of when the restraint as used. However, restraint use was not routinely audited as discussed and actioned under Outcome 2.

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):

No actions were required from the previous inspection.

Findings:

A health and safety statement was in place. Risk assessments were conducted and were appropriate to the centre. There were a low incidence of falls. The key pad number was changed frequently for security reasons. Where appropriate residents had access to the key pad number. Accidents were recorded and the incidence of accidents was low.

Staff demonstrated an appropriate knowledge and understanding of what to do in the event of fire. However, regular fire drills were not recorded as taking place.

There was a low incidence of infections in the centre. However, cleaning staff did not have specific infection control training. This is actioned under staff training in Outcome 18. A towel and soap dispenser was not working in one of the upstairs toilets. This is actioned under premises in Outcome 12

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. However, these policies had not been reviewed for over three years. The processes in place for the handling of medicines, including controlled drugs, were generally safe and a random sample of controlled drugs counted indicated they were correct. However, the controlled drug cupboard was not a locked cupboard within a locked cupboard, in accordance with current guidelines and legislation.

Medication administration was observed and staff were seen to adhere to appropriate medication management practices. Medication and prescription charts were legible. Where crushed medications were required this was appropriately prescribed in this format. There were appropriate procedures for the handling and disposal for unused and out of date medicines. At the time of inspection no residents were responsible for their own medication but systems were in place to facilitate this if appropriate.

A system was in place for reviewing and monitoring safe medication management practices. Medication audits were conducted by the pharmacist. Near misses of medication errors were not routinely recorded but actual medication errors were documented. There was scope for nurse managers to support staff to record near misses and for nurse managers to carry out audits of medication administration practices, in addition to audits carried out by the pharmacist.

Pharmacists were facilitated to meet their obligations to residents and where possible, residents had a choice of pharmacist.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A record of incidents occurring in the centre was maintained. Notifiable incidents were notified to the Chief Inspector within the required three days timeframe. A quarterly report was provided to HIQA to notify the Chief Inspector of any incident which did not involve personal injury to a resident.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Residents' health care needs were met through timely access to medical treatment. A number of general practitioners (GP) attended the centre on a regular basis. Residents had access to allied health care services. This included the availability of in-house occupational therapy and physiotherapy. These therapies supported the diverse care needs of residents. Where it was identified that residents required specialised seating or specialised equipment this was seen to be arranged for the resident. Records showed there was a low incidence of falls.

The care delivered encouraged the prevention and early detection of ill health. For example, residents were enabled to make healthy living choices. Emphasis was placed in ensuring residents meals were nutritious, flu vaccinations were given and residents were seen to be actively encouraged to mobilize in so far as their ability allowed them.

The assessment, care planning processes and clinical care accorded with evidence based practice. From audits seen it was clear there was significant improvement in the manner in which care planning documentation was completed. Inspectors saw evidence that care was delivered to residents in accordance with his/her care plan. For example a resident requiring a specific type of modified diet was seen to receive it; residents who liked to wear makeup were seen to wear it and residents who liked to wear particular clothing were facilitated to dress in the attire they liked. Care plans were reviewed on an ongoing basis at a minimum of every four months

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents,

conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The design and layout of the centre fitted with the aims and objectives of the statement of purpose and the centre's resident profile. It promoted residents' independence and wellbeing. Storage facilities were adequate. There was a functioning call bell system in place and there was suitable storage for residents' belongings. The centre maintained a safe environment for resident mobility with hand-rails in circulation areas and corridors kept clean and tidy. There was appropriate lighting, signage and colour schemes. The decoration throughout was of a good standard and an ongoing redecoration programme was in place. Adequate space was available for privacy. There was a variety of communal space available. Heating and ventilation was suitable. Water was at a suitable temperature.

The premises and grounds were well maintained. A maintenance person was on the staff roster. An organised system was in place in which all matters needing repair or maintenance were recorded in a book, which in turn was checked by the maintenance person.

The room dimensions met the requirements of the Authority's Standards for existing centres and the size and layout of bedrooms were suitable to meet the needs of residents. Each bedroom had an en suite shower, toilet and wash-hand basin facility. The provider had applied to increase occupancy capacity from 64 to 67 beds. One bed was in a single room and the other a twin room with spacious ensuite facilities. The inspector returned to the centre five weeks after the initial inspection day to confirm the required refurbishment works were completed. The inspector was satisfied that the three extra bed spaces were suitable for occupancy.

There were a sufficient number of other toilets, bathrooms and showers to meet the needs of residents. However, as discussed in Outcome 7, one toilet did not have adequate hand washing facilities such as a working soap dispenser and a supply of paper towels. Sluicing facilities were provided. Records of the servicing of equipment were available.

There was a well equipped and well stocked kitchen. Environmental health officer reports were available. Kitchen staff had received appropriate training and suitable staff facilities for changing and storage were provided. Residents and their families expressed satisfaction with the laundry arrangements.

Judgment:

Substantially Compliant

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Written operational policies and procedures were in place for the management of complaints. However, two versions of the policy were available and this caused ambiguity. The complaints process was displayed in a prominent place and residents were aware of it. Residents expressed confidence in the complaints process and stated they had no difficulty in speaking with staff and felt their concerns or queries would be dealt with. The person in charge was the person nominated to deal with complaints and he maintained details of the complaint, the results of any investigations and the actions taken. However, it was not always clear from the documentation whether or not the complainant was satisfied with the outcome. An independent person was available if the complainant wished to appeal the outcome of the complaint.

Judgment:

Substantially Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Care practices and facilities in place were designed to ensure residents received end-of-life care in a way that met their individual needs and wishes and respected their dignity and autonomy. Individual religious and cultural practices were facilitated, and family and friends were facilitated to be with the resident when they were dying. Residents had the option of a single room and access to specialist palliative care services.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

A policy for the monitoring and documentation of nutritional intake was in place. Processes were in place to make sure residents did not experience poor nutrition and hydration. For example, staff observed residents dietary intake and reported any concerns in the daily nursing notes. Residents had access to fresh drinking water at all times and the food provided was nutritious and available in sufficient quantities. It was also varied and took account of dietary requirements. Breakfast was normally served after 8am but residents had the flexibility to have a later breakfast if they so wished. Other meals and snacks were also available at flexible times and at times suitable to residents. A choice of food was provided at each mealtime and a daily menu was on display.

Changes came about following audits conducted. These included changes to the menu and an increased focus on the nutritional value of the food served. Residents were assisted to eat and drink in a sensitive and appropriate manner. Mealtimes were seen to be unhurried social occasions that provided opportunities for residents to engage, communicate and interact with each other and staff. Nutritional supplements were used when needed. Residents were referred to a dietician as appropriate.

Kitchen staff were familiar with the dietary needs of residents and the communication system between the nursing staff and the kitchen staff, in relation to nutritional matters, was effective.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to

exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents were consulted about how the centre was planned and run through the residents' forum which met monthly. The person in charge and/or the clinical nurse manager met with residents on a daily basis and sought feedback. Residents were enabled to make choices about how they lived their lives in a way that reflected their individual preferences and needs. The choices facilitated their independence. For example, residents were facilitated to exercise their political rights, and voting in elections was accommodated in the centre. Residents' religious rights are facilitated through regular visits by the clergy and the facilitation of services such as mass, rosary and sacrament of the sick.

Residents' capacity to exercise personal autonomy was well respected. For example, provision was made for adequate storage space for clothing and personal possessions; lockable storage was provided and residents had a choice of when to get up and go to bed. Emphasis was placed on ensuring residents were enabled to make informed decisions about the management of their care through being consulted about their care plans. Facilities for recreation were good and included in-house activities such as art and music. Outdoor activities included access to gardens and outings with family and friends. Community activities included the hosting of parties at Christmas, Halloween and birthdays. Residents and relatives stated "the best part of activities is that staff show interest". Inspectors observed there was a relaxed atmosphere in the centre. When commenting about activities, residents stated "there is something on every day" and "they are a bit of fun".

The statement of purpose emphasised the importance of residents receiving care in a dignified way that respected their privacy. Practices in the centre reflected this. For example, doors were closed when personal care was being given. Each resident had their own toiletries. Twin rooms had adequate screening curtains. Residents spoke of being satisfied with the respect they were shown by staff. Residents could access telephone facilities in private. A room was available for residents to receive visitors in private. There were no restrictions on visits except when requested by the resident or when the visit or timing of a visit was deemed to pose a risk.

Staff showed awareness of the different communication needs of residents and systems were in place to meet the diverse needs of residents. For example, residents with a cognitive impairment were provided with reminiscence therapy. Residents had access to radio, television, newspapers and information on local events.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

A policy on residents' personal property and possessions was in place. However, it was not dated. This is actioned under Outcome 5, documentation. Residents could retain control over their own possessions through the provision of adequate space for personal possessions and belonging. Laundry facilities were adequate and the majority of residents had their laundry carried out in the centre and as per the questionnaires returned to HIQA were satisfied with the laundry service.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

As on previous inspections, inspectors found the staffing levels and staffing mix were sufficient to meet the needs of residents. Inspectors observed staff being attentive to

residents and performing their duties in a timely manner. Staff members and residents told inspectors that they felt there was enough staff and that they could respond to residents' needs promptly. At least two nurses are on duty at all times as per the duty roster and three nurses on day shifts. This corresponded with what was observed by inspectors on the day and from what inspectors were told by staff.

Staff spoke of the pleasant working atmosphere and the willingness of the person in charge to communicate with them. All staff commented on the good support they received from both the person in charge and the deputy person in charge. Staff stated they enjoyed coming to work and cited good team work as being one of the reasons for their job satisfaction. There were regular staff meetings and the hand over reports at the commencement of each shift were comprehensive.

Most staff had completed their mandatory training; however, there were gaps, in particular where staff were recently recruited. Training was planned for these staff. As discussed in Outcome 7, cleaning staff had not received specific training in infection control. Two nurses were facilitated to undertake a professional development course in gerontological nursing. These staff reported the course of study assisted them to open their minds towards change and that the person in charge was open to new ideas.

Inspectors reviewed the personnel files of staff and found that they did not reflect the requirements of the Regulations. One staff file did not have a reference from their most recent employer, another file had gaps in employment history and one staff member did not have an employment contract.

Judgment:

Non Compliant - Moderate

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

Health Information and Quality Authority Regulation Directorate



Action Plan

Provider's response to inspection report¹

Centre name:	St Catherine's Nursing Home
Centre ID:	OSV-0000429
Date of inspection:	29/09/2015, 30/09/2015 and 06/11/2015
Date of response:	22/12/2015

Requirements

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

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

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The use of bed rails was not routinely audited.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

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

Audits to be carried out monthly starting 1st January 2016. Any discrepancies to be reported to myself Stephen Murphy.

Proposed Timescale: 01/01/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

There was inadequate documentation to indicate regular fire drills were taking place.

2. Action Required:

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

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

Documentation and Fire Drills for the remaining staff to be completed by February 2016.

Proposed Timescale: 29/02/2016

Outcome 09: Medication Management

Theme:

Safe care and support

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

The controlled drug cupboard was not a locked cupboard within a locked cupboard, in accordance with current guidelines and legislation.

3. Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

Cupboard ordered from Homecare Medical hopefully this will be in place by early January 2016.

Proposed Timescale: 31/01/2016

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:

One toilet did not have adequate hand facilities such as a working soap dispenser and a supply of paper towels.

4. 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 designated centre.

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

This toilet is now in full working order, any maintenance issues to be reported immediately.

Proposed Timescale: 22/12/2015

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

A record was not always maintained as to whether the complaint was satisfied with the outcome of their complaint.

5. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

Service satisfaction questionnaire to be sent with residents' bills every six months asking if they are happy with outcomes of complaints and general care starting from February 2016.

Proposed Timescale: 29/02/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Personnel files of staff did not reflect the requirements of the Regulations. One staff file did not have a reference from their most recent employer, another file had gaps in employment history and one staff member did not have an employment contract.

6. Action Required:

Under Regulation 15(2) you are required to: Ensure that the staff of a designated centre includes, at all times, at least one registered nurse where any resident has been assessed in accordance with Regulation 5 as requiring full time nursing care.

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

All files to be revisited and completed to be in accordance with regulation 5 by the end of January 2016.

Proposed Timescale: 31/01/2016

Theme:

Workforce

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

Cleaning staff had not received training in infection control. Newly recruited staff had not completed mandatory training .

7. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

I have organised training for our cleaning staff in relation to infection control also mandatory training will be completed by March 2016.

Proposed Timescale: 31/03/2016