

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St Francis Nursing Home
<b>Centre ID:</b>	OSV-0000393
<b>Centre address:</b>	Kilkerrin, Ballinasloe, Galway.
<b>Telephone number:</b>	094 965 9230
<b>Email address:</b>	stfrancishomekilkerrin@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	John Desmond Joyce & Sharon Joyce Partnership
<b>Provider Nominee:</b>	Hilda Joyce
<b>Lead inspector:</b>	Marie Matthews
<b>Support inspector(s):</b>	Mary McCann
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	25
<b>Number of vacancies on the date of inspection:</b>	9

## 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 receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 10 May 2016 10:00 To: 10 May 2016 19:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

**Summary of findings from this inspection**

This was an unannounced monitoring inspection. St. Francis Nursing Home is a two-storey former monastery, converted to a nursing home in 2002 and registered with HIQA since 2009. It provides long term and respite care for 34 residents, some of whom have dementia. There were 9 vacancies on the day of inspection.

Unsolicited information regarding protection and care and welfare of residents had been received by HIQA. Themes from this information and notifications received since the last inspection were reviewed. The unsolicited information was not substantiated. Inspectors found that the care and welfare of residents was protected by the staff who had completed training in protection and were knowledgeable regarding the centre’s policy on protection from abuse.

As part of this monitoring inspection, inspectors met with residents and staff. Inspectors focused on regulatory requirements relating to general welfare and protection and reviewed the actions from the previous registration renewal inspection in January 2015. Inspectors observed practices and reviewed documentation such as care plans, medical records, and referrals for allied healthcare, accident logs, policies and procedures and staff files. Inspectors found that the care needs of residents were met and the residents reported high levels of satisfaction with the care, however significant deficits were identified in the care documentation available.

Other areas for improvement included, training for staff in fire safety and revision of policies to reflect national policy.

Matters requiring improvement in order to comply 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 were discussed with the provider nominee and person in charge following the inspection and are included in the action plan at the end of this 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 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:**

There were systems in place to maintain records but inspectors found that significant improvements were required. Some records were incomplete and some were not maintained in a manner so as to ensure accuracy. For example, in the records of accidents which occurred, there was no record of whether the accident was witnessed or unwitnessed and there was no set format for recording of accidents. In one record of a fall, there was no indication of when the resident was last checked and the time the General Practitioner (GP) was called was not recorded. Records of night time checks on residents were not resident specific and so did not give a clear indication as to monitoring of residents at night.

Written operational policies were available to inform practice and provide guidance to staff but some required review to comply with the regulations or to reference evidence based practice or recent national policy.

Some nursing notes completed were sparse and did not provide a comprehensive record of the clinical picture of the resident. The action from the previous inspection pertaining to the necessity for Garda vetting and a full employment history were evident in staff files reviewed. However, some files had no photographic evidence of the person identity.

**Judgment:**

Non Compliant - Moderate

***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):**

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

**Findings:**

On the previous inspection there were no written guidelines outlining the circumstances in which chemical restraint would be administered and the preventative measures which should be taken prior to the use of this PRN (as required) medication. There was no evidence that any resident was in receipt of am chemical restraint during this inspection. A written policy had been developed to guide staff on the use of chemical restraint.

There was a policy in place in the centre on the prevention, detection and response to abuse. The inspectors noted that this policy had not been updated to reflect national policy and procedures as outlined in 'Safeguarding Vulnerable Persons at Risk of Abuse' (HSE 2014). The provider confirmed that there were no allegations of abuse under investigation. All staff had completed training on safeguarding. Training on safe guarding was delivered by the person in charge but it was not possible to verify that they had the necessary qualification as a trainer to deliver this training.

Staff members spoken to by the inspectors were clear on the procedure to follow in the event of a suspicion of abuse. Residents spoken to by the inspectors had no concerns regarding their safety in the centre.

**Judgment:**

Non Compliant - Moderate

***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:**

On the previous inspection there was no procedures to guide staff on the measures to

control risks associated with self-harm, to control aggression and violence or the arrangements for the identification, recording, investigation and learning from serious incidents involving resident. There was no procedure outlining the measures to control the risks associated with accidental injury to residents, staff or visitors. Inspectors found that procedures had been completed to guide staff in these areas however the risk management policy did not reference these procedures as required by the regulations.

The centres emergency policy had been reviewed and included details of arrangements for loss of power. The procedure stated that portable heaters would be available in the event of a loss of heating however; the location of the heaters was not detailed as required by the action plan from the previous inspection. The procedure also referred to a generator. The provider confirmed arrangements were in place for the use of a generator in the event of a power outage. The provider has been requested to submit evidence of the relevant hire agreement.

There was evidence that regular day time and night time fire drills took place in the centre and records available indicated the duration of the drill and the names of the staff members who took part. Staff training records reviewed however indicated that some staff, including staff that were rostered on night duty, had not completed training in over three years. The person in charge stated that training was incorporated into the fire drills completed but it was not evident that training was delivered by a competent person.

**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):**

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

**Findings:**

The actions from the last inspection were addressed. A system for documenting the date on medications which needed to be discarded after a specific day was adhered to. Inspectors observed that the date of opening medications was indicated.

An individual written protocol had been developed for administration of emergency medication.

The inspectors reviewed a sample of medication charts. In one chart reviewed the signature of the General Practitioner was missing from a medication prescription transcribed that had been administered to a resident.

A medication management policy was available to guide staff in ordering, prescribing,

storing and administration. The policy had been recently reviewed and was discussed with staff at a recent staff meeting.

**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):**

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

**Findings:**

The actions from the last inspection were addressed. The call bell in the assisted toilet on the ground floor was in working order and lockable storage was provided in all resident bedrooms. All bathroom and bedroom doors had locks fitted.

**Judgment:**

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):**

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

**Findings:**

On the previous inspection inspectors identified deficits in the assessment of residents' wishes for their end of life care.

Inspectors spoke with staff and residents about a recent death in the centre of a resident who did not have any family. Both described how the deceased resident

reposed in the centre and they were able to attend the funeral mass and pay their respects. Inspectors reviewed a sample of end of life care plans which in general described the residents' religious and cultural needs and their wishes in regard to the care they would like to address their physical, emotional, social, psychological and spiritual needs. Details of the residents' wishes regarding the friends and family members they wished to have with them at this time were included in the care plans reviewed.

**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):**

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

**Findings:**

Staff interviewed said they had sufficient time to ensure adequate care to residents during the day but inspectors observed that staff on night duty were not routinely rotated onto day duty to ensure appropriate supervision. The staff roster was reviewed and the staff numbers on the day correlated with the roster. However, the working times were not recorded using a 24 hour clock format which was unclear.

A sample of three staff files were examined to assess the documentation available, in respect of persons employed. Most contained the information required by Schedule 2 of the Regulations, but some staff files did not contain photographic identification as required by the Regulations.

All nursing staff had the required up-to-date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (the Nursing and Midwifery Board of Ireland).

**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:***

Marie Matthews  
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 report<sup>1</sup>

Centre name:	St Francis Nursing Home
Centre ID:	OSV-0000393
Date of inspection:	10/05/2016
Date of response:	09/09/2016

### 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 05: Documentation to be kept at a designated centre

#### Theme:

Governance, Leadership and Management

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

The policy on the prevention, detection and response to abuse had not been updated to reflect national policy and procedures as outlined in 'Safeguarding Vulnerable Persons at Risk of Abuse' (HSE 2014).

#### 1. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any

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

event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

Immediate action was taken to update existing policy to include details on "confidential Recipient". (See attachment No.1, pages 32 and 33).

We also sought and received a copy of the national policy and procedures 'Safeguarding Vulnerable Persons at Risk of Abuse' (HSE 2014) which is currently being updated and we will incorporate it into our own policy. This policy will be fully approved by the end of November 2016.

**Proposed Timescale:** 30/11/2016

**Theme:**

Governance, Leadership and Management

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

Working times were not recorded using a 24 hour clock format on staff rotas and codes were used to denote some shifts without any explanation as to the meaning.

Records were incomplete and some were not maintained in a manner so as to ensure accuracy.

**2. Action Required:**

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

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

The rota was immediately changed to 24 hour clock format.(See attachment No. 2)

Continuous improvement in maintaining and ensuring accuracy is an extremely important element in the Governance, Leadership and Management of our Nursing Home.

- We have developed and introduced an Incident Report Form (See attachment No.3), to replace the book that had previously been in place. It has been introduced with effect from June 1st 2016.
- All Accidents and Incidents that occurred in the 12 months to 31/05/2016 have been audited.
- The "Night Rounds" sheet which was found on inspection to be inadequate has been replaced by one that is resident specific. (See attachment No.4).
- All Medication Kardex have been signed by the relevant GP. for medications prescribed by fax. and this is being kept updated.
- We have updated our Medication Management Policy to include the limitations to be placed on the use of chemical restraint – should it be necessary to initiate same (See attachment No.5 – page 15).
- An audit on the use of physical restraints was carried out in June 2016.
- An alternative Need Identification/Care Plan Evaluation Sheet has been devised. It's

layout is in portrait and should be easier to read than the present document. (See attachment No. 6). This will be introduced by October 28th on a progressive basis as Care Plans come up for review. A staff meeting to introduce the new document will be held before then.

- A Care Plan audit is about to take place. Six residents were chosen at random by the Manager on Sept. 1st Their Care Plans will be audited by mid October and the results will be brought to the meeting which as outlined above is due to take place prior to the introduction on the new Care Plan document.

**Proposed Timescale: 28/10/2016**

**Theme:**

Governance, Leadership and Management

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

Some staff files did not contain photographic identification as required by the Regulations.

**3. Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

The missing photographic identification is now in the staff file. As a preventative measure to ensure all staff files are complete a check list is now in place and must be signed off as complete before a start date is given to new employee.(See attachment No.7)

**Proposed Timescale: 17/05/2016**

### **Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

Training on safeguarding.was delivered by the person in charge but it was not possible to verify that they had the necessary qualification as a trainer to deliver this training.

**4. Action Required:**

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

We have asked the provider of the national policy and procedure to provide a train the trainer course, but unfortunately they are not in a position to provide such training to private nursing homes at this time. They have however added our PIC to a list and we will be contacted when/if training is made available. In addition we have been in touch with two accredited companies that may be in a position to include the PIC in a Train the Trainer course. This has not yet come to a conclusion be that positive or otherwise. In the interim, staff training will be carried out by the manager who has train the trainer qualifications.

**Proposed Timescale:** 09/09/2016

## **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:**

The risk management policy did not reference risks associated with self-harm, to control aggression and violence or the arrangements for the identification, recording, investigation and learning from serious incidents involving residents.

There was no procedure outlining the measures to control the risks associated with accidental injury to residents, staff or visitors.

**5. Action Required:**

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

The risk management policy is being updated to outline measures to control the risks associated with accidental injury to residents, staff or visitors.

**Proposed Timescale:** 30/09/2016

**Theme:**

Safe care and support

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

Staff training records reviewed however indicated that some staff, including staff that were rostered on night duty, had not completed training in over three years and it was not evident that training was delivered by a competent person.

**6. Action Required:**

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency

procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

Fire safety and prevention training is scheduled for all staff that have not completed training in over three years and staff due for training within the next 6 months with a competent person.

Also our internal health and safety officer is commencing a 'Safety Representatives Training Program' commencing on the 17/10/16. This training program will provide our health and safety officer with knowledge and tools required to train and monitor staff on our emergency procedures.

**Proposed Timescale:** 30/11/2016

**Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

The staff on night duty were not routinely rotated onto day duty to ensure appropriate supervision.

**7. Action Required:**

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

Our PIC will now work unrostered hours to ensure appropriate supervision, guidance and support to night duty staff. The PIC will arrive unannounced and record his hours/times on rota to provide evidence of hours worked. This will commence on September 5th 2016

**Proposed Timescale:** 05/09/2016