

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Dominic Savio Nursing Home
Centre ID:	OSV-0000450
Centre address:	Cahilly, Liscannor, Clare.
Telephone number:	065 708 1555
Email address:	desdemonasmith@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Smith Hall Limited
Provider Nominee:	Desdemona Smith
Lead inspector:	Mary Costelloe
Support inspector(s):	Mary O'Mahony
Type of inspection	Unannounced
Number of residents on the date of inspection:	28
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 to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 28 September 2016 09:30 To: 28 September 2016 18:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Non Compliant - Major
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of a monitoring inspection, which took place to monitor ongoing regulatory compliance of the centre. This monitoring inspection was un-announced and took place on one day.

As part of the inspection the inspectors met with residents, relatives, the person in charge, the assistant director of nursing, the business manager and staff. The inspectors observed practices and reviewed documentation such as care plans, medical records, health and safety records, incident logs, complaints logs, policies and procedures and staff files.

On the day of inspection, the inspectors were satisfied that the nursing and healthcare needs of residents were being met. The person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. The inspector observed staff interacting with residents in a respectful

and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Residents spoke very highly of staff and stated that they were happy and felt safe living in the centre.

Inspectors had concerns that there were few opportunities for residents to participate in activities in accordance with their interests and capacities. The activities coordinator had been on long term leave and there was currently no staff member assigned to coordinate and facilitate an activities programme for residents.

Improvements were required to the governance and management of the centre including reviewing the quality and safety of care. There had been no reviews or audits carried out in 2016. Documentation such as some policies required review and updating to reflect best practice. Systems for the ongoing review of risk and cleaning required improvement. Other improvements were required to medication management and nursing documentation.

All areas for improvement are contained 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 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:

This was a family owned and managed service and inspectors were satisfied that there was an established management structure in place. The provider representative was also the person in charge and was supported in her role by the assistant director of nursing (ADON), business manager and a senior staff nurse. Staff who spoke with the inspector were supportive of management and said that they were approachable and responded to staff concerns appropriately. There was a reported low turnover of staff and all staff spoken with had established service in the centre.

The person in charge outlined to inspectors that there had been a number of nursing staff on sick leave over the past number of months. She stated that both herself and the ADON had been covering shifts on the floor as she felt it was better for residents to have continuity of care from staff who knew them well rather than employing agency staff. She stated that this had impacted on their managerial role including the completion of audits and overseeing of documentation. She informed the inspectors that this staffing issue was now almost resolved as two nurses had recently returned to work, another was due to return in mid October and a recently recruited nurse was due to commence in the post by mid October.

While systems had been put in place to review the safety and quality of care, there had been no reviews or audits carried out in 2016. Data regarding areas such as falls, pressure sores, restraint, missing persons, behaviours that challenge, weight loss, complaints and catheter care had been collated weekly and analysed quarterly and annually during 2015. This information had been used to inform the annual review on the quality and safety of care completed for 2015.

The system of review had included consultation with and seeking feedback from residents and their representatives. However, there had been no formal residents committee meetings held during the past year.

Judgment:
Non Compliant - Moderate

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.

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:
The person in charge was suitably qualified and experienced. The person in charge was also the nominated person to act on behalf of the provider and therefore had substantial authority, accountability and responsibility for the provision of the service. The person in charge told inspectors that she was present in the centre on a daily basis five days per week including weekends; this was confirmed by staff spoken with but was not reflected in the staff rota. Based on observations and feedback received from residents and relatives it was evident that the person in charge was visible, approachable and actively engaged in the governance, operational management and administration of the centre.

Suitable governance arrangements were in place in the absence of the person in charge. The ADON deputised in the absence of the person in charge and supervised the delivery of care.

The person in charge demonstrated good clinical knowledge and she was knowledgeable regarding the Regulations, the Authority's Standards and her statutory responsibilities.

The person in charge continued to engage in ongoing professional development and recent education and training completed included, meeting the care requirements of Irelands ageing population, person centred approach to dementia, managing depression in the elderly and understanding and managing challenging behaviour in dementia.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
Inspectors noted that while policies required by the regulations were maintained in the centre, some policies required review and updating in accordance with best practice.

The policy on prevention and response to allegations of abuse required updating to reflect up-to-date national guidelines on safeguarding. The policy on restraint required further updating to include reference to the national policy on the use of restraint. This is discussed further under Outcome 7: Safeguarding and safety.

The complaints policy, procedure and recording of complaints required improvement in order to comply fully with the requirements of the regulations. This is discussed further under Outcome 13: Complaints procedure.

The recruitment policy required updating to reflect recent changes to Garda Síochána vetting legislation.

The current and proposed staff rotas did not include the hours worked by the person in charge or the ADON. The roster incorrectly indicated a care assistant as a registered nurse. The roster times did not make reference to the 24 hour clock, therefore it was unclear and difficult to determine day and night time staffing rotas. This is discussed further under Outcome 18: Staffing.

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):

No actions were required from the previous inspection.

Findings:

The person in charge had taken measures to safeguard residents from being harmed and from suffering abuse, however, the policy on prevention and response to allegations of abuse required updating and documentation regarding restraint management also required improvement. The inspectors found that the provider had not ensured that persons who were not employed by the centre but who provided services to residents on a regular and on-going basis had Garda Síochána vetting in place. This was brought to the attention of the person in charge who undertook to address the issue as a priority. This is discussed further under Outcome 18: Staffing.

The inspectors reviewed the policy on prevention and response to allegations of abuse. The policy required updating to reflect up-to-date guidelines on safeguarding. The policy was signed as read and understood by staff; there was an ongoing programme of staff education. Training records indicated that all staff had received recent training on the detection, response to and management of abuse, staff spoken with confirmed their attendance at training and were clear on their responsibilities, reporting mechanisms and actions to be taken to safeguard residents. The provider and the ADON were present in the centre on a daily basis and actively involved in the supervision of staff and the delivery of care. Staff spoken with said that there were no barriers to the reporting of any alleged or suspected abuse and they had every confidence that the provider would take appropriate safeguarding measures if necessary.

The inspector was satisfied that accountable and transparent systems were in place for the management and safeguarding of residents' finances and other valuables.

The inspector reviewed the policies on behaviour management and restraint use. The policy on behaviours that challenged outlined clear guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. While the policy on restraint provided guidance for staff, it required further updating to include reference to the national policy on the use of restraint.

Staff spoken with and training records indicated that staff had attended recent training on understanding and managing behaviours that challenged. Staff confirmed that they continued to promote a restraint free environment.

The inspectors reviewed a sample of residents' files with bed rails in use and presenting with behaviours that challenged. There was evidence of completed risk balance tools for use of bedrails however, there was no comprehensive risk assessment in line with national policy outlining alternatives tried or considered or input from the multidisciplinary team. There were no care plans documented to guide staff when bed rails were in use. While behaviour care plans outlined some guidance for staff, the plan did not include details of the types of diversion therapy that best suited the resident. Staff spoken with were clearly able to describe the residents likes and dislikes and what diversion therapy worked best, however, this was not reflected in the care plan.

The inspectors observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff.

Residents spoke very highly of staff and stated that they were happy and felt safe living in the centre.

Judgment:
Non Compliant - Major

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

Findings:
There was an up to date health and safety statement available and risk management policies in place, however, systems for the ongoing review of risk and cleaning systems required improvement. The inspectors noted that issues raised at the last inspection had been addressed including the provision of an electronic key pad to restrict access at the main front door.

There was a risk register in place and risks specifically mentioned in the Regulations were included, however, it had not been reviewed or updated since October 2015. Risks identified during the inspection such as storage and use of Oxygen gas cylinders were not included.

The inspectors reviewed the manual handling training records which indicated that all staff members had received training during 2016. The two new hoists in use had been purchased during 2016.

The inspectors reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in January 2016 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in September 2016. Daily, weekly and monthly fire safety checks were being carried out and recorded. Fire safety training took place annually and included evacuation procedures and use of fire equipment. Training records reviewed indicated that all staff had received up-to-date formal fire safety training. Fire drills were carried out as part of the annual fire safety training however, no further fire drills were carried out with staff in the interim.

There was an emergency plan in place which included clear guidance for staff in the event of a wide range of emergencies including the arrangements for alternative accommodation should it be necessary to evacuate the building.

There was a comprehensive infection control policy in place. Hand sanitising dispensing units were located at the front entrance and throughout the building. The inspectors

observed that many areas particularly wall and floor junctions, areas behind doors and some equipment were not regularly and thoroughly cleaned as there was evidence of a build up of dirt, dust and cobwebs. Inspectors noted that colour coding systems in place for use of cleaning clothes and mops were not being adhered to contrary to best practice, infection control guidelines and the centres own policy. Cleaning staff spoken with were knowledgeable regarding infection control and cleaning procedures however, they acknowledged that there was no documented cleaning programme in place and confirmed that colour coding systems were not being adhered to.

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 inspectors generally found evidence of good medication management practices and sufficient policies and procedures to support and guide practice.

An inspector spoke with nursing staff on duty regarding medication management issues. They demonstrated competence and knowledge when outlining procedures and practices on medication management.

Improvements were required to ensuring that medicines no longer in use were removed from the medicines trolley, stored securely and segregated from other medicines while awaiting return to the pharmacist. The inspector noticed that three medicines no longer in use were still stored on the medicines trolley.

Medications requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspector reviewed a sample of medication prescribing/administration sheets. All medications were regularly reviewed by the general practitioners (GP). All medications were individually prescribed. The inspector reviewed prescription and administration records and observed that they were completed in accordance with best practice guidelines.

Nursing staff confirmed that they had good support from the pharmacist who also

provided ongoing training and advice to staff. Regular medication management audits were carried out by the pharmacist.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The inspectors found that while residents' healthcare needs were generally met and they had access to appropriate medical services, referral to allied health services was limited.

The activities coordinator was on long term leave and inspectors had concerns that residents had limited opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. This is discussed further under Outcome 16: Resident's rights, Dignity and Consultation.

All residents had access to a choice of general practitioner (GP) services. There was an out-of-hours GP service available. At the time of inspection three GP's attended to the medical needs of the residents, each visited the centre on a weekly basis and medical records supported that GP review was timely and responsive.

Nursing staff told inspectors that services such as speech and language therapy (SALT), dietetic services and physiotherapy were available, however, inspectors noted that referral to these services was not routinely sought. The chiropodist visited regularly and inspectors found that records of visits were written up in the residents' notes.

The inspectors reviewed a number of residents' files including the files of residents with restraint measures in place, at high risk of falls, nutritionally at risk, presenting with behaviours that challenge and for whom pain relief was prescribed. See Outcome 7: Safeguarding and Safety regarding the management of restraint and behaviours that challenge.

There was a reported low incidence of wound development and inspectors saw that the risk of same was assessed regularly and appropriate preventative interventions including

pressure relieving equipment were in use. There were no residents with wounds at the time of inspection.

A comprehensive nursing assessment and a range of up-to-date risk assessments were completed for each resident including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency and moving and handling. Inspectors noted that care plans in place were generally person centered, informative and were regularly reviewed. There was evidence of involvement of the residents or representative in the development and review of care plans.

However, inspectors noted some inconsistencies and inaccuracies in the nursing documentation including

- comprehensive nursing assessments did not always reflect the current needs of residents
- information regarding residents current condition or needs was sometimes conflicting in different care plans
- guidance for staff in some care plans was not informative
- care plans were not in place for all identified issues such as pain
- some care plans were not person centered
- some care plans had not been updated following the receipt of important information such as end of life wishes
- some notes containing important information were hand written in pencil
- staff spoken with were very knowledgeable regarding individual residents needs but this information was not always reflected in the nursing documentation.
- meaningful activities assessments were not completed

The inspectors were satisfied that changes to residents weights were closely monitored; residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident and liaise with the GP. Files reviewed by the inspectors confirmed this to be the case. Some residents were prescribed nutritional supplements which were administered as prescribed.

Some residents had swallowing difficulties and required modified diets, however, there had been no recent swallowing assessments carried out by the speech and language therapist (SALT). Inspectors discussed with nursing management the importance and benefits of obtaining additional professional expertise from other health care professionals such as the SALT and the dietitian.

Inspectors reviewed the file of a resident who was prescribed controlled medicines on a regular basis for pain relief. There was no formal validated pain assessment tool in use to assess this residents pain and no care plan in place to guide staff regarding the residents pain relief.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

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

procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The complaints policy, procedure and recording of complaints required improvement in order to comply fully with the requirements of the regulations.

The inspectors reviewed the complaints policy and procedure which were both displayed in the front hallway outside the main door to the centre. The procedure was not prominently displayed and was not clearly identifiable as the complaints procedure. Some of the print had faded and was illegible, most residents did not have access to this area of the centre. The procedure referred to a comment box located at the reception area, the comment box was not located there.

The complaints policy did not include the details of a nominated person other than the complaints officer to ensure that all complaints were appropriately responded to and records maintained.

There were no complaints recorded since August 2013. Staff told the inspectors that no formal or written complaints had been received since then, however, they confirmed that verbal complaints or concerns received were not recorded as they acted upon them immediately.

Judgment:

Non Compliant - Moderate

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:

Inspectors noted that there were few opportunities for residents to participate in activities in accordance with their interests and capacities. The person in charge told the inspectors that the full time activities coordinator had been on long term leave and there was currently no staff member assigned specifically to coordinate and facilitate an activities programme for residents. The activities schedule displayed was not taking place in practice. Some residents spoken with told inspectors that there was little to do and often found the day very long. A rosary recital was played with music on a CD in the day room each morning. Mass was celebrated in the centre each week. Musicians had visited the centre in April and August.

Staff and residents knew each other very well, many of the staff were from the local area and inspectors observed good banter between staff and residents. Staff kept residents up to date with local news and staff told inspectors how they brought in newspapers and magazines for residents to read and visitors normally brought in weekly local newspapers. Daily newspapers were not available in the centre.

Inspectors heard staff consulting with residents in relation to their needs and daily routines such as getting up, returning to bed for a period of rest or their meal preferences and choices. However, inspectors were informed that the residents' forum which had been taking place on a more formal basis had not taken place for over a year. The activities coordinator had facilitated the forum in the past.

The inspectors saw that there was no restriction on visiting and many visitors attended the centre at various times throughout the inspection day. There was a large well furnished designated visitors' room available. Inspectors spoke with a number of relatives during the inspection, all of whom expressed satisfaction with the care and service delivered.

At the time of inspection residents did not have access to an independent advocacy service. This was discussed with the person in charge who undertook to make contact with a representative of the national advocacy group (SAGE).

Residents were treated with respect. The inspectors heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited every six and some residents availed of the service.

The inspectors noted that the privacy and dignity of residents was well respected. Bedroom and bathroom doors were closed when personal care was being delivered. However, the inspectors noted that the screening curtains in one of the shared bedrooms did not fully enclose one bed as the layout of the bedroom had been reconfigured.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

On the morning of inspection there was one nurse and three care assistants on duty, there was one nurse and two care assistants on duty in the afternoon, one nurse and three care assistants on duty in the evening time, one nurse and two care assistants on duty until 22.00 hours and one nurse and one care assistant on duty at night time. The person in charge told inspectors that she or the aDON were normally on duty during the day time including at weekends, staff spoken with also confirmed this.

Inspectors reviewed the staff rota and noted that the hours worked by both the person in charge and the aDON were not included on the rota. The rota incorrectly included a care assistant as a registered nurse. The roster times did not make reference to the 24 hour clock, therefore it was unclear and difficult to determine day and night time staffing rota. This action is included under Outcome 5: Documentation

There was recruitment policy in place but required updating to reflect recent changes to Garda Síochána vetting legislation. Staff files were found to contain all the required documentation as required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available for all staff nurses. Details of induction, orientation, staff appraisals and training certificates were noted on staff files. However, the provider had not ensured that persons who were not employed by the centre but who provided services to residents on a regular and consistent basis had Garda Síochána vetting in place. This action is included under Outcome 7: Safeguarding and safety.

The management team continued to provide on going training to staff. Training records indicated that staff had attended recent training on depression in the elderly, understanding and managing challenging behaviour, infection prevention and control, gerontological early warning signs and palliative care support.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mary Costelloe
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. Dominic Savio Nursing Home
Centre ID:	OSV-0000450
Date of inspection:	28/09/2016
Date of response:	25/10/2016

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

There had been no recent reviews or audits carried out to ensure that the service provided was safe, appropriate, consistent and effectively monitored in 2016.

1. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

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

such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

The annual review for 2015 is completed and filed, the quarterly audits for 2016 are now current and up to date.

Proposed Timescale: Completed

Proposed Timescale: 24/10/2016

Theme:

Governance, Leadership and Management

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

There had been no formal means of seeking feedback from residents and their representatives. For example, residents' committee meetings had not taken place during the past year.

2. Action Required:

Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

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

A Residents committee meeting was held of the 30th September and minutes filed. A further Residents meeting is scheduled for 6th January 2017

Proposed Timescale: Completed

Proposed Timescale: 24/10/2016

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 current staff rota did not include the hours worked by the person in charge and the aDON. The roster incorrectly indicated a care assistant as a registered nurse. The roster times did not make reference to the 24 hour clock, therefore it was unclear and difficult to determine day and night time staffing rotas.

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 roster now includes the hours worked by the person in charge and the ADON. The roster now correctly displays the designated title of all staff members and has been amended to display the 24 hour clock format.

Proposed Timescale: Completed

Proposed Timescale: 24/10/2016

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:

The policy on restraint required further updating to include reference to the national policy on the use of restraint.

There was evidence of completed risk balance tools for use of bedrails however, there was no comprehensive risk assessment in line with national policy outlining alternatives tried or considered or input from the multidisciplinary team. There were no care plans documented to guide staff when bed rails were in use.

4. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

We are currently revising our restraint use policy to include references to the National Policy 'Towards a Restraint Free Environment in Nursing Homes' (DOHC, 2011).

We are currently reviewing and updating our restraint risk assessment tool to include information on the risks and benefits of the intervention, alternatives trialled, the length of time trialled and the outcome of the trial. The assessment form will also facilitate the documenting of the residents involvement in the decision making process as well as their views and preferences. Once finalised this assessment tool will be implemented for all residents where restrictive devices are being considered or are currently being used..

All residents with restrictive devices, such as bedrails, will have a comprehensive review of their care plans to guide staff in the safe use of the intervention / device and how to reduce any risks associated with the use of the interventions / devices how the residents needs will be met whilst the intervention is in use and any monitoring of the resident required.

Proposed Timescale: 30/11/2016

Theme:

Safe care and support

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

The provider failed to ensure that all persons who were not employed in the centre but who provided services to residents on a regular and on-going basis had Garda Síochána vetting in place.

5. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

We have two people who provide services to residents and both are in the process of acquiring Garda Vetting, in the interim the PIC or ADON will accompany the hair dresses and chiropodist while they provide such services to residents pending completion of Garda vetting.

Proposed Timescale: 30/11/2016

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 a risk register in place however, it had not been reviewed or updated since October 2015. Risks identified during the inspection such as storage and use of Oxygen gas cylinders were not included.

6. 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 register is now being updated on an ongoing basis. Residents who are prescribed oxygen intermittently need to be supervised ensuring that the oxygen supply is turned off when not in use.

Proposed Timescale: Completed

Proposed Timescale: 24/10/2016

Theme:

Safe care and support

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

There was no documented cleaning programme in place. Many areas particularly wall and floor junctions, areas behind doors and some equipment were not regularly and thoroughly cleaned as there was evidence of a build up of dirt, dust and cobwebs. The colour coding systems as set out in the infection control policy for use of cleaning equipment were not adhered to.

7. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

A Cleaning Program has been put in place with monitoring and supervision recorded, with colour coding system in line with infection control policy,

Proposed Time completed

Proposed Timescale: 24/10/2016

Theme:

Safe care and support

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

Fire drills were carried out as part of the annual fire safety training however, no further fire drills were carried out with staff in the interim.

8. 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:

Additional fire drills will be carried out in accordance with the regulation v28(1)(e)

Proposed Timescale: 30/10/2016

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:

Medicines no longer in use were still stored on the medicines trolley.

9. Action Required:

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

Medication out of date or no longer required by a resident are stored in a secure manor segregated from in use pending the removal by the pharmacist in line with our medication management policy.

Proposed Timescale: Completed

Proposed Timescale: 24/10/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

- information regarding residents current condition or needs was sometimes conflicting in different care plans
- guidance for staff in some care plans was not informative
- care plans were not in place for all identified issues such as pain
- some care plans were not person centered
- some care plans had not been updated following the receipt of important information such as end of life wishes
- some notes containing important information were hand written in pencil
- staff spoken with were very knowledgeable regarding individual residents needs but this information was not always reflected in the nursing documentation.
- meaningful activities assessments were not completed

10. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

All care plans will be up dated in line with regulating 05(3) and regulation 5(2) to include comprehensive assessments and care planning on restraint.

Proposed Timescale: 30/11/2016

Theme:

Effective care and support

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

Some residents had swallowing difficulties and consumed modified diets, however, there had been no recent swallowing assessments carried out by the speech and language therapist (SALT).

11. Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

Access will be provided for treatment for a resident who requires the services of additional professional expertise. This has since been reviewed by residents GP and advice of the GP has been followed with the relevant documentation in residents medical file and residents care plan.

Proposed Timescale: Completed

Proposed Timescale: 24/10/2016

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:

The complaints procedure was not prominently displayed and was not clearly identifiable as the complaints procedure. Some of the print had faded and was illegible, most residents did not have access to this area of the centre. The procedure referred to a comment box located at the reception area, the comment box was not located in this area.

12. Action Required:

Under Regulation 34(1)(b) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

The complaints procedure is now prominently displayed and clearly identifiable as a

complaints procedure in 2 locations in the nursing home.

Proposed Timescale: Completed

Proposed Timescale: 24/10/2016

Theme:

Person-centred care and support

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

There were no complaints recorded since August 2013. Staff told the inspectors that no formal or written complaints had been received however, they confirmed that verbal complaints or concerns were not recorded.

13. 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:

All complaints are now being recorded.

Proposed Timescale: Completed

Proposed Timescale: 24/10/2016

Theme:

Person-centred care and support

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

The complaints policy did not include the details of a nominated person other than the complaints officer to ensure that all complaints were appropriately responded to and records maintained.

14. Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under Regulation 34 (1)(f).

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

The complaints policy now includes the details of a nominated persons other than that complaints officer.

Proposed Timescale: Completed

Proposed Timescale: 24/10/2016

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

There were few opportunities for residents to participate in activities in accordance with their interests and capacities. The person in charge told the inspectors that the full time activities coordinator had been on long term leave and there was currently no staff member assigned specifically to coordinate and facilitate an activities programme for residents. The activities schedule displayed was not reflective of the daily activities in the centre. Some residents spoken with told inspectors that there was little to do and often found the day very long.

15. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

We have commenced and updated the activities program which commenced 23/10/16 and is being carried out by staff pending garda vetting of a new activities co-ordinator.

Proposed Timescale: 30/11/2016

Theme:

Person-centred care and support

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

Daily newspapers were not available in the centre.

16. Action Required:

Under Regulation 09(3)(c)(ii) you are required to: Ensure that each resident has access to radio, television, newspapers and other media.

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

Newspapers are now available in the centre.

Proposed Timescale: 24/10/2016

Theme:

Person-centred care and support

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

Inspectors were informed that the residents forum which had been taking place on a formal basis had not taken place for over a year.

17. Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

A residents meeting took place on the 30/09/16 and a further meeting scheduled for 08/01/2017

Proposed Timescale: Completed

Proposed Timescale: 24/10/2016

Theme:

Person-centred care and support

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

At the time of inspection residents did not have access to an independent advocacy service.

18. Action Required:

Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

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

We now have an independent advocacy service in place

Proposed Timescale: Completed

Proposed Timescale: 24/10/2016

Theme:

Person-centred care and support

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

The screening curtains in one of the shared bedrooms did not fully enclose one bed as

the layout of the bedroom had been reconfigured.

19. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

The screening curtains will be realigned

Proposed Timescale: 30/11/2016