

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Paul's Nursing Home
Centre ID:	OSV-0000433
Centre address:	St Nessian's Road, Dooradoyle, Limerick.
Telephone number:	061 228 209
Email address:	info@stpaulsnh.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Blockstar Limited
Provider Nominee:	Daveen Heyworth
Lead inspector:	Mairead Harrington
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	57
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.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
06 April 2017 10:00	06 April 2017 18:00
07 April 2017 09:30	07 April 2017 15:30

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	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection. Documentation to support the renewal application had been submitted in keeping with requirements. Current registration is due to expire on the 2 August 2017. As part of the inspection the inspector met with a number of residents, the person in charge, relatives and visitors, persons participating in management and numerous other staff members. The inspector observed care practices and reviewed all governance arrangements to inform this application. Clinical and operational documentation was reviewed, including policies, procedures, risk assessments, reports, residents' files and training records.

Since the last inspection a new person in charge had been appointed. The provider representative and the person in charge were present throughout the inspection, both demonstrated a commitment to providing person-centred care to the residents. A clearly defined management structure in place and an appointed person had

responsibility for deputising for the person in charge. The service had been proactive in response to the actions required from the previous inspection and a number of improvements had since been implemented. These included improvements to the environment and premises. For example, access to the dining area had been widened to facilitate the use of wheelchairs and an additional toilet facility had been made available on the ground floor.

The inspector met with a number of relatives and residents who all provided very positive feedback on the service and care provided. The attitude and approach by staff and management was complimented and comments were made on their 'dedication and commitment' and that 'nothing was too much trouble'. Some of the visitors spoken with were able to comment on the care at the centre over time, as their relatives had been residents both for respite and for continuing care. Numerous residents were seen to visit the centre throughout the two day inspection. Residents and relatives also commented on the very good pastoral care provided by members of the religious order, who were residents at the centre and affiliated to the convent residence co-located on site.

The premises and grounds were well presented throughout with all fittings and equipment clean and well maintained. Management implemented a regular maintenance programme and ongoing work was in evidence during the inspection. A review of care plans confirmed that appropriate resources were in place to provide effective care that met the individual needs of residents. Nursing care was found to be evidence-based and supported by relevant assessments. Residents had access to appropriate health care facilities and services. The culture of care at the centre encouraged residents to maintain their independence where possible and residents were seen to be able to exercise choice in relation to how they spent their time in the course of the day.

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 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:

An inspector reviewed the statement of purpose and found that it contained all the information required as per Schedule 1 of the regulations. It consisted of a mission statement and summarised the facilities available and services provided. The person in charge confirmed that the statement of purpose was kept under review. A copy of the statement of purpose was readily available for reference.

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):

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

Findings:

The centre was a well established nursing home, previously run by a religious order and currently operating under private management since 2010. Service was provided by Blockstar Ltd. A nominated company director represented the provider entity and was

available throughout the inspection to provide information as necessary. Governance was through a clearly defined management structure. Care was directed through the person in charge who reported to the provider representative. Effective systems of communication and accountability operated with members of management in regular contact and consultation with each other. The person in charge was supported by a team of senior nursing staff. Management also had administrative support. Management confirmed that resources were dedicated on a consistent basis for the training and education of staff and a comprehensive training programme was in place. Appropriate actions had been taken to address areas for improvement identified on previous inspections. Quality management systems were in place that included an audit schedule across key areas of care monitoring, such as wounds, falls and accidents and incidents.

In keeping with statutory requirements, an annual quality review took place. The review for 2015 included evidence of consultation with residents and relatives, and a number of surveys had been also been undertaken. Audits and quality improvement initiatives had been implemented, particularly in relation to the development of the environment. Features to support residents with dementia had been introduced. The review for 2016 appropriately referenced the relevant national standards. However, it required further development to fully reflect the actions in relation to ongoing quality monitoring and also, to outline effectively the quality improvement strategy for the coming year.

Judgment:

Substantially 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.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Since the previous inspection the centre had appointed a new person in charge. The person in charge was a registered nurse and held appropriate authority and accountability for the role. The person in charge was in attendance throughout the inspection and demonstrated a responsive approach to regulatory requirements and a well developed understanding of the statutory duties and responsibilities associated with the role. Appropriate deputising arrangements, by a suitably qualified member of staff, were in place.

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):

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

Findings:

Action to address issues identified on the previous inspection had been taken. Staff records that were reviewed were complete and in keeping with Schedule 2 of the regulations.

Throughout the course of the inspection good practice was evident in relation to maintaining records and documentation. Staff demonstrated an effective working knowledge of the electronic recording system. Where information was requested by the inspector, the record was accessible and readily retrieved. Records reviewed were accurate and current.

Resident records checked were complete and contained information as detailed in Schedule 3, including care plans, assessments, medical notes and nursing records. Other records to be maintained by a centre, as specified by Schedule 4, were in place. These included a log of complaints and records of notifications. Most of these records were maintained electronically.

Policies, procedures and guidelines in relation to risk management were current and available as required by the regulations; these included fire procedures, emergency plans and records of fire-safety training and drills. Maintenance records for equipment including hoists, lifts and fire-fighting equipment were available. Current, site-specific policies were in place for all matters detailed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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):

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

Findings:

Areas for improvement identified on the previous inspection had been addressed and all staff had received current training in how to recognise and respond to abuse. Appropriate assessments had also been introduced in relation to the use of restraints, such as bedrails.

A current policy was in place on the prevention, detection and response to abuse, that also referenced the relevant national policy and guidelines. Procedures provided direction to staff on recognising the different circumstances and types of abuse, and how to report such instances. There was a nominated reporting officer for the receipt of such information. Procedures for recording and investigating were in place. Staff members spoken with were clear in their understanding of what constituted abuse and, in the event of such an allegation or incident, also understood the procedure for reporting the information. Residents spoken with stated that they felt safe in the centre and were clear on who was in charge, and who they could go to should they have any concerns they wished to raise. The centre continued to retain the services of an external consultancy firm in relation to the implementation and review of these procedures.

A current policy and procedure was in place on managing responsive behaviours that had been reviewed in January 2017. All staff had received relevant training in this area. The inspector reviewed the behavioural care plan for a resident with a member of nursing staff, who was able to explain clearly the assessments and reviews that had been undertaken, including consultation and input by the community mental health nurse, where appropriate. The use of restraints, such as bedrails and lapbelts, was under continual review. Regular audits, of both use and monitoring, of these restraints took place.

There had been no change to the procedures for managing residents' personal property and finances since the last inspection. Appropriate processes remained in place to ensure the safe storage and return of personal belongings. Residents had secure storage provided in their rooms. Receipts for expenditure were retained, and transactions were signed for and witnessed by a second signatory. The inspector reviewed a sample of balances that reconciled with the recorded information.

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):

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

Findings:

Management were responsive in addressing issues identified on the previous inspection and no actions were outstanding in this area. Space had been created to facilitate the storage of wheelchairs. The entrance to the dining area had been widened to facilitate access by wheelchair. The person in charge was able to demonstrate how risk was assessed and controlled throughout the centre and a comprehensive risk register was in place that recorded relevant information in relation to both operational and individual risks. Policies and procedures around health and safety had been reviewed within the last year. A current risk management policy was in place that included arrangements to identify, record, investigate and learn from serious incidents. A record of accidents and incidents was maintained electronically. The person in charge explained the process for reviewing these and how learning, where applicable, was communicated to staff through meetings and revised protocols. Monitoring systems were in place such as a regular regime of audits.

Arrangements were in place for maintaining a safe environment. Corridors had hand-rails in contrasting colours that were easily identified. Attendance by visitors was recorded in an entry log and access to the centre was electronically controlled. The reception area of the centre was attended throughout the day. A comprehensive infection control policy was in place. The person in charge was the nominated person with responsibility for the management of infection control, as required by the regulations and standards. The inspector discussed work routines with staff members who were able to clearly explain cleaning procedures that were in keeping with good infection control practice. Cleaning trolleys were seen to be well maintained and safely stored. Staff utilised personal protective equipment effectively and understood the importance of hand hygiene. Regular health and safety audits took place, including a daily check of key areas, such as fire exits. Sanitising hand-gel was readily accessible and regular use by staff was evident. The premises was clean and well maintained. Arrangements were in place for the secure storage of hazardous items such as cleaning chemicals and latex gloves.

Records indicated all staff had received up-to-date training in fire-safety procedures. Members of staff spoken with by the inspector confirmed that they regularly participated in fire-evacuation drills and understood how to respond appropriately to the fire alarm. Fire-fighting equipment was appropriately located and accessible throughout the centre. Records were in place that demonstrated the routine daily and weekly checks undertaken on fire exits and to ensure the alarm was functioning. Certification was in place to confirm that all equipment in relation to fire safety was routinely serviced.

Judgment:

Compliant

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:

Processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. A member of nursing staff explained the processes in relation to the management of medicines and was able to identify and reference the relevant policies as appropriate. Nursing staff received annual training in medication management that had last been delivered in January 2017. The person in charge confirmed that the pharmacist was facilitated in fulfilling their statutory obligations. The pharmacist also undertook regular audits and reviews were recorded in September 2016, January and March 2017. Areas for learning were identified and implemented. Prescription and administration records for residents were maintained appropriately and included a photograph, as well as other necessary biographical information. Prescriptions were appropriately signed off by the prescriber. Where PRN (as required) medicine was prescribed, the maximum daily dose was recorded. Times of administration were recorded and signed as necessary. Compliance aids were in place for reference by administering staff. Storage of medicines was secure and in keeping with requirements. Where medicines were refrigerated, a record of temperatures was maintained and monitored. A signature bank of prescribing staff was in place for reference. The administering nurse explained that, where residents had a cognitive impairment, practice was to explain to the resident that they were about to be given their medicine and to remain with the resident while they took the medicine. No residents were self-administering at the time of inspection. The administering nurse explained that, if a resident refused a medicine, it would be re-offered at a slightly later time; if refusal persisted, the information would be recorded on the administration sheet and referred to the prescriber for review. A centre-specific medicines management policy was in place that provided appropriate directions to staff in relation to procedures around the ordering, prescribing, storing and administration of medicines to residents. This included guidance on the handling and disposal of out-of-date medicine. The handling of controlled drugs was safe, with systems for monitoring and recording administration, and stock control, in keeping with current guidelines and legislation. Medicines, such as eye-drops, had the date their use commenced recorded. The administering nurse confirmed that competencies were assessed regularly.

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:

This outcome had been assessed as compliant on the last monitoring inspection in July 2016. There had been no substantive change to the care planning system since that time and records continued to be maintained electronically. The inspector reviewed a sample of care plans, from each floor, with the responsible nurse in charge of that floor on the day. The information assessed indicated that residents' health and wellbeing continued to be maintained by a high standard of care. The care plans reviewed were monitored in keeping with regulatory requirements and reflected regular attendance and review by a general practitioner (GP) on a routine, or as required basis. There was evidence that comprehensive nursing assessments were completed on admission. Consultation records with residents and their relatives were maintained. The centre facilitated residents in retaining the services of their general practitioner and/or pharmacist. Resident assessments were undertaken in keeping with evidence-based practice and the use of validated assessment tools. Each resident had a care plan that had been developed based on their assessed needs. Care plans were found to be person-centred and individualised according to these assessed needs.

At the time of the inspection there were no residents at the centre experiencing weight loss or receiving end-of life care. A review of records and discussion with nursing staff confirmed there were no residents with pressure sores. The inspector discussed several plans of care with various staff members and all were consistent in their understanding of the care needs required by the residents; this understanding reflected the directions and circumstances as set out in the care plans. The services of relevant health care professionals, in relation to issues such as dysphagia (swallowing difficulties), diet and foot care, were readily accessible. Records indicated a regular review by a general practitioner (GP). A physiotherapist attended the centre weekly and the services of an occupational therapist were also available, on referral. The person in charge was qualified in psychiatric care and the centre also had access to community mental health services. Consultancy services in psychiatry and gerontology were available on referral. Relevant documentation, to support effective communication of circumstances, was in place for residents on transfer or discharge. Residents were regularly assessed in relation to issues of mobility. The person in charge was qualified to deliver training in both moving and handling, and people handling. Where mobility care plans were in place, they contained relevant directions to staff on the provision of care, such as the need for two staff to assist with moving a resident, and the type of hoist to be used, if required.

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:

Management had been responsive in addressing issues that had previously been identified and an additional toilet facility had been created on the ground floor. Work to improve the environment had also taken place. Decorative features appropriate to support the needs of residents with a cognitive impairment had been introduced. The conservatory area leading onto the garden had been developed and now had wall decorations, an aquarium and a memorabilia feature cabinet. The entrance to the dining area had been expanded to better facilitate access by residents with wheelchairs.

The centre was located on its own grounds set back from the main road in Limerick city. Parking facilities were to the front and side of the premises. The centre provided accommodation for 57 residents, comprising 48 single rooms, three double rooms and one three-bedded room, all laid out over three floors. Access between floors was provided by two lifts, both of which were regularly serviced. Seven single rooms and two of the double rooms included en-suite facilities, remaining rooms were provided with wash-hand basins. There were an adequate number of toilets available for use with each floor having access to a shared bath and/or shower facility. All bedrooms provided sufficient space for the delivery of care. Personal storage facilities included a chair and a secure unit for valuables. Appropriate assistive equipment was available and a regular programme of related maintenance was in place. The centre was comfortable with appropriate heating and lighting throughout. There was a conservatory area with seating, through which residents could also access secure, outside space. Residents on each floor had the use of a pleasant, communal sitting area that was bright and well furnished with comfortable seating. The dining area on the ground floor was bright, with natural light, and tables were laid variously for individuals and small groups. Separate facilities were available for staff changing and storage.

Kitchen facilities were laid out and appropriately equipped for the size and occupancy of the centre. The laundry area was suitable in design to meet its purpose, with sufficient space and facilities to manage laundering processes. Call-bells were accessible in

bedrooms and fitted in areas of the centre as required. However, one en-suite toilet did not have a call-bell. Management took immediate action to address this issue at the time. Access to high risk areas, such as the laundry and sluice rooms, was restricted. However, in some instances the doors to these areas did not close effectively. Management were responsive in implementing measures to address these issues and secure these areas during the inspection.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The last inspection had identified that facilities for activities and consultation with residents were well provided. Arrangements to facilitate consultation and information sharing with residents had since been further developed. The person in charge explained that an audio guide on both the statement of purpose, and residents' guide, had been introduced. The residents' committee that convened regularly now included relatives and resident representatives. The minutes of these meetings were seen to be well maintained and included a signed log of attendance. The topics for discussion were relevant to the centre. Information about advocacy and access to religious services were referenced. A signed memorandum of understanding with the national advocacy service was in place, dated 23 February 2017, and related contact details were displayed throughout the centre. Residents had completed survey feedback forms and these were available for reference. Feedback on these was consistently positive. Comments included 'staff are so attentive and kind' and that there was satisfaction with 'every aspect of care'. Where opportunities for learning were identified, in relation to service during the dining experience for example, there was evidence that feedback was provided to members of staff, and that further education sessions took place to support improvement accordingly.

The centre was located adjacent to a convent and maintained ongoing links with the resident order of nuns, who had previously been responsible for the provision of the care service. All residents had access to a large, atmospheric chapel that provided

regular religious services of quiet space for contemplation. The person in charge explained the arrangements that were in place to support residents in their access to pastoral care, according to their preferences. Civic duties were supported and voting arrangements were in place. Residents were supported in their access and engagement with the community. Local schools were encouraged to attend the centre and students from a nearby school performed for residents on one afternoon during the inspection. Many residents attended and clearly enjoyed this performance. Transport was available to provide residents with access to local restaurants and shopping areas. Residents had access to TV, radio, papers and a private phone as required. Information technology was used to good effect and residents were supported in their use of laptops and mobile phones. Effective communication plans were in place, for residents with identified needs, that included relevant photographs, pictograms and response prompts as appropriate. It was evident that management were continuing to invest in the environment; furnishings and decoration were bright and inviting. A sensory area had been developed around the conservatory with wall decorations and an aquarium. This area led out onto secure garden space with ornamentation, seating and a central water feature. Residents were seen to avail of this outside space in the course of the inspection. The appearance of the entrance area had also been improved with the introduction of another aquarium and a mural along the stair well. Communal spaces were available on each floor for residents to congregate together. There was also a quiet room on the ground floor where residents could receive visitors in private if they so wished.

The centre provided a broad range of activities that included appropriate exercise, massage and reminiscence therapy around life stories. A dedicated activities co-ordinator had responsibility for the weekly schedule that included daily arrangements for activities such as singing, bingo, word association, Sonas and physical exercise. Residents had opportunities to participate, or not as they chose, according to their abilities and interests. Information on residents' interests and preferences was in place and records were maintained as to how, and when, residents participated in activities. Throughout the inspection both staff and management demonstrated a commitment to the principles of dignity and respect for the wishes and preferences of residents. Residents' personal spaces were seen to be personalised with belongings and decorated to individual tastes and preferences. The inspector observed staff providing assistance to residents where required and noted that the manner and attitude of staff was patient, helpful and courteous with appropriate techniques being used throughout. However, as identified on previous inspections, arrangements for accommodation in a multi-occupancy room, for up to three people, did not support adequate privacy for residents in the conduct of their personal activities. Resident areas in this room were personalised with photographs and belongings and adequate personal storage was accessible. Privacy screens were in use. However, these were inadequate in ensuring privacy of communication between residents and visitors and the conduct of their day-to-day personal activities.

Judgment:

Substantially 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:

An action identified on the previous inspection, in relation to overdue training on manual handling, had been addressed; all members of staff had received current training in this regard. The person in charge had also obtained a training qualification in this area of practice to ensure that, in future, such training was accessible for all staff. Staffing and competency levels were reviewed and found to be in keeping with the size and layout of the centre. Residents were accommodated over three floors and the staffing arrangements took this layout into account. Supervisory accountability for each floor rested with either the clinical nurse manager or a senior staff nurse. Effective systems of supervision were in place that included security protocols and audit procedures. Care was directed through the person in charge. Staff nominated to deputise for the person in charge were suitably qualified and experienced. Management systems were in place to ensure that information was communicated effectively. Staff meetings took place regularly and minutes of these were available for reference. Nominated staff were allocated responsibility for individual residents and daily handover meetings, at shift interval, ensured that information about residents was current and relevant. A schedule of staff appraisals was in place and completed by nominated line managers. Copies of the standards and regulations were readily available and accessible by staff. Staff spoken with were familiar with the standards and were aware of their statutory duties in relation to the general welfare and protection of residents. There was an ongoing programme of training to support staff in their provision of contemporary evidence-based care. This programme included infection control and prevention, end-of-life care and medication management, for example. Management confirmed that associated competency assessments also took place.

Relevant policies were in place on recruitment, training and vetting. A sample of staff files was reviewed that held all the necessary documentation as required by Schedule 2 of the regulations. All staff and employees of the centre had been Garda vetted in keeping with statutory requirements. At the time of inspection the centre did not engage the services of any volunteers. Management understood the statutory requirements around documentation to be maintained for volunteers.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mairead Harrington
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 Paul's Nursing Home
Centre ID:	OSV-0000433
Date of inspection:	06/04/2017
Date of response:	16/05/2017

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 annual quality review required further development to fully reflect the actions in relation to ongoing quality monitoring and also, to outline effectively the quality improvement strategy for the coming year.

1. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the

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

quality and safety of care delivered to residents in the designated centre to ensure that 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:

A full redevelopment of the Quality Improvement Strategy was undertaken by the Person in Charge in November and December 2016. The new programme was commenced in January 2017. The quality improvement strategy for 2017 was set out during management team meetings in November and December 2016. Minutes of this were provided during the inspection. This quality improvement strategy shall be now added to the Annual Review for 2016.

The quality improvement strategy included a redevelopment of the Key Performance Indicators, new audit schedule, development of new policies and procedures reflective of the new Health Information and Quality Authority National Quality Standards for Residential Care Settings for Older People 2016. The roll out plan for the quality improvement strategy was completed in full in January 2017. All new quality improvement processes are in place to ensure a more comprehensive Annual Review for 2017.

Proposed Timescale: 30/05/2017

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:

The provision of accommodation in a multi-occupancy room, for up to three people, did not support adequate privacy in relation to communication and the conduct of day-to-day personal activities.

2. 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:

New privacy screens were installed in 2016 for the multi-occupancy room for the private conduct of day-to-day personal activities.

There is a quiet room available for residents, families and/or representatives to communicate privately near the multi-occupancy room. All three residents and their families/ representatives shall be provided additional information regarding the use of the quiet room.

Private discussions were held with each resident and their families / representatives have all stated they wish to remain in the multi-occupancy room.

As stated during the inspection a comprehensive pre-assessment is completed prior to admission to ensure any new resident is suitable for the multi-occupancy room.

The management team and staff shall continue to ensure the privacy and dignity for all three residents within the multi-occupancy room are upheld at all times.

Proposed Timescale: 30/05/2017
