

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Catherine's Nursing Home
Centre ID:	OSV-0000283
Centre address:	Village Green, Freshford, Kilkenny.
Telephone number:	056 883 2432
Email address:	stcatherinesnh@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St Catherines Nursing Home Limited
Provider Nominee:	Jim Brosnan
Lead inspector:	Leanne Crowe
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	16
Number of vacancies on the date of inspection:	10

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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 07 April 2017 11:00 To: 07 April 2017 13:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This unannounced inspection was carried out to review progress on actions required from the inspection which was carried out two months previously. In February 2017 the inspector found that the health and safety of residents and staff was not sufficiently promoted and protected. Fire procedures were not robust and hazards that posed a potential risk to residents were not identified, assessed and controlled. Because of this the provider was required to take immediate action to address these issues.

On this inspection seven of the 11 action plans from the previous inspection had been fully completed and the two remaining action plans had been progressed and were scheduled for completion within the agreed timelines. The staff who were due to attend manual handling refresher training were scheduled to attend this training in May 2017. The refurbishment of the laundry room was scheduled for completion by end August 2017. Consequently these two actions are restated at the end of this report.

The inspector found that the provider had taken appropriate action to ensure that the health and safety of residents and staff was promoted and protected. Fire procedures were now sufficiently robust and systems and processes were put in place to identify, risk assess and control hazards throughout the centre that posed a potential risk to residents, visitors or staff.

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 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):

Findings:

On the previous inspection the management structure was not sufficiently robust to assure the quality and safety of the service.

The provider had revised the job description for person in charge and the nurse manager and there was now a defined management structure and clear lines of authority and accountability with specific roles and responsibilities for all areas of service provision. The management team were clear about the roles and responsibilities and staff who spoke with the inspector were aware of the reporting relationships.

The annual quality and safety review was updated to include additional information and benchmarking against the standards.

Improvement in relation to quality assurance structures were identified at the previous inspection. The inspector noted that structures and processes were put in place to progress this action plan and the date for completion was 30 April 2017.

A quality management system had been introduced by the provider, whereby monthly audits of key aspects of the service will be conducted. The first audit had been completed by the provider, and records of the audit and corresponding action plan was reviewed by the inspector. A meeting to discuss this audit had been held and minutes of this meeting were made available.

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):**Findings:**

On the previous inspection, issues were highlighted in relation to fire safety procedures and hazard identification and risk management. A number of these actions had been addressed, and work was ongoing to complete any of those remaining.

The emergency plan had been revised to include details on how to respond to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

The risk management policy had been updated to include information relating to risks such as abuse, self-harm, unexplained absence of a resident and accidental injuries to residents, visitors or staff. The risk register had also been updated and now included the required information on the hazards identified and risks assessed throughout the centre.

There was evidence that the eight members of staff identified as requiring fire safety training on the previous inspection had completed this training.

The provider had engaged with a new company regarding fire safety and related training for staff. This company had devised a fire safety training programme which was scheduled to be completed by all staff in the weeks following the inspection. All staff had completed fire training and drills with the exception of six staff who were scheduled to attend this training on 2 May 2017. The provider told the inspector that fire drills will be completed as part of this training and this was confirmed by records examined by the inspector. Personal emergency evacuation plans (PEEPs) had been developed for all residents since the previous inspection.

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:

Issues identified at the previous inspection in relation to the management of potential hazards had been completed.

The inspector saw that suitable guards had been placed over all radiators in the building. Thermostatic control valves had been installed at all sinks accessible to residents and the inspector confirmed that water was now regulated at an appropriate temperature.

The layout of the laundry did not support the segregation of clean and soiled laundry. Plans to refurbish the laundry room were scheduled for completion in August 2017.

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):**Findings:**

At the previous inspection, some staff had not completed refresher training in moving and handling practices within the required timeframe. The action plan to address this was due for completion by 30 May 2017.

The inspector saw evidence that training had been scheduled for these staff members for May 2017. The inspector was satisfied with the system in place to ensure that all staff would attend refresher training on an on-going basis.

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:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St Catherine's Nursing Home
Centre ID:	OSV-0000283
Date of inspection:	07/04/2017
Date of response:	28/04/2017

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 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The layout of the laundry did not support the segregation of clean and soiled laundry. Plans to refurbish the laundry room were scheduled for completion in August 2017.

1. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the

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

designated centre.

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

Plans to refurbish the laundry room are for completion in August 2017.

Proposed Timescale: 31/08/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Eight staff were due to attend manual handling refresher training in May 2017.

2. Action Required:

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

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

Eight staff are due to attend manual handling refresher training in May 2017

Proposed Timescale: 31/05/2017