

**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:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	17
Number of vacancies on the date of inspection:	9

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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:
27 February 2017 10:00	27 February 2017 18:00
28 February 2017 09:30	28 February 2017 14:30

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

Summary of findings from this inspection

As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to HIQA prior to inspection. As part of the registration process, an interview was carried out with the director of nursing and the person in charge who is also the person

authorised to act on behalf of the provider.

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 them.

There was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the regulations. Staff files reviewed were complete and staff were offered a range of training opportunities although some staff required refresher training in manual handling. Volunteer files also met the requirements of the regulations.

Residents had access to general practitioner (GP) services and to a range of other health services. Evidence-based nursing care was provided. Actions required from the previous inspection relating to care planning documentation had been addressed.

There was minimal evidence that the results of audits were analysed to identify areas for improvement or that the annual review of the quality and safety of care delivered to residents was sufficient to ensure that such care is in accordance with standards set by the Authority.

These are discussed further in the report and the required improvements are set out in detail in the action plan at the end.

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:

The inspector was satisfied that the statement of purpose met the requirements of the regulations. It accurately described the service that was provided in the centre. It had been updated to reflect the environmental changes in the centre.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that there was a clearly defined management structure with explicit lines of authority and accountability. However, the inspector found evidence during the course of this inspection that the management structure was not sufficiently robust to assure the quality and safety of the service. Examples included inadequate systems of risk management and failure to take sufficient precautions against the risk of fire which required several actions. Health and safety and risk management is discussed in more detail under Outcome 8.

In addition the systems in place to review and monitor the quality of care were not adequate. Although audits were undertaken on areas such as medication management and infection control and action plans generated to bring about improvements, internal audits were not conducted in relation to many key aspects of the service to monitor and improve the quality of care. For example, there was no evidence that the data on incidents and accidents was collated and analysed to monitor trends and inform continuous quality improvements.

The inspector saw that the annual review of the quality and safety of care delivered to residents was completed for 2016. However additional information and benchmarking against the standards was required in consultation with residents and their families. The review should then be made available to residents.

Judgment:
Non Compliant - Moderate

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector read a sample of completed contracts and saw that they met the requirements of the regulations. They included details of the services to be provided and the fees to be charged.

The inspector read the residents' guide and saw that it included the information required by the regulations. Plans were in place to update this with additional details such as the contact information for the Office of the Ombudsman.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

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 who is also the provider nominee is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre.

The person in charge had maintained his continuous professional development. He had continued to attend training relevant to his role such as medication management and infection control. Plans were in place for him to complete a gerontology course this year.

The person in charge was observed frequently meeting with residents, visitors and staff throughout the days of inspection

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:

The inspector was satisfied that the records listed in Part 6 of the regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the regulations. The person in charge was aware of the periods of retention for the records which were securely stored.

The designated centre had in place the written operational policies required by Schedule 5 of the regulations.

Insurance cover was also in place.

All information requested by the inspector was readily available.

Judgment:

Compliant

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

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There had been no period when the person in charge was absent from the designated centre in excess of 28 days. The person in charge was aware of the requirements to notify HIQA should this be necessary.

He told the inspector that the director of nursing was the identified person to take charge in the event that the person in charge was absent from the centre.

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:
The inspector found that measures were in place to protect residents from being harmed or abused.

Staff had received training on identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear

on reporting procedures.

It was noted at the previous inspection that care plans did not adequately detail the use of restraint. At that time there was no documented evidence that safety checks were completed when bed rails were in use. The inspector also noted that lap belts were in use for two residents and risk assessments or safety checks were not in place for these. The inspector found at this inspection that all of these issues had been addressed.

The policy on restraint had recently been reviewed which was a requirement from the previous inspection. It was specific enough to guide practice and was based on the national policy on promoting a restraint-free environment.

The inspector was satisfied that residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff spoken with were able to describe the possible triggers and useful interventions. The inspector saw that detailed care plans were in place and regular advice and support was provided by psychiatry of later life services.

The inspector was told that the centre did not currently manage any residents' finances.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was not satisfied that the health and safety of residents, visitors and staff was sufficiently promoted and protected.

The provider nominee did not take sufficient precautions against the risk of fire and several actions were required. Although the provider nominee told the inspector that all staff had attended training, on reviewing the records the inspector noted that eight staff had not attended training in the last year. Some of these were new staff but they were working in the centre for over 6 months. The inspector acknowledged that the provider had told the staff about the fire procedures at induction although there was no documented evidence of this.

In addition, there was some confusion as to how to evacuate residents. Staff spoken with and the provider nominee described different procedures. The inspector saw that

individual personal emergency evacuation plans (PEEPs) were not in place for any resident.

Fire drills were not carried out on a regular basis. The provider said that this was part of fire training which was done on a yearly basis. There were no records available to confirm that annual fire drills took place and more regular fire drills were required to ensure that all staff and residents were aware of evacuation procedures or fire safety measures to be taken in the event of a fire.

Because of the potential risk to residents, the provider nominee was requested to address these fire safety issues immediately.

The inspector found evidence of inadequate hazard identification and assessment of risks throughout the centre. This included the issue of unguarded radiators and water temperatures being too hot as described under Outcome 12. The inspector also noted that the laundry door, which was inside the building, was unlocked. In the laundry itself, chemicals such as descaling solution and other hazardous equipment were stored. Because of the potential risk to residents, the provider nominee was requested to address this immediately. The inspector saw a locking mechanism was being fitted to the door before the end of inspection.

The inspector also noted that the laundry was not laid out in a manner to ensure that dirty and clean laundry was sufficiently segregated to minimise the risk of infection. Clean clothes were stored in the same area as the washing machines and clean linen and towels were stored on shelves beside the washing machine. These practices are not in line with national guidelines.

The inspector found that the emergency plan did not include sufficient details to guide staffs' response to major incidents as required by the regulations. Alternative accommodation for residents was specified.

The inspector read the risk management policy and saw that this did not meet the requirements of the regulations. For example, it did not outline the measures and actions in place to control some risks within the centre.

Judgment:
Non Compliant - Major

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 inspector was satisfied that medication management practices were safe.

At the previous inspection it was found that a number of medication management practices required improvement.

Staff training was completed. The inspector reviewed a sample of prescription and administration records and saw that the actions required from the previous inspection had been completed. Medication to be given as and when required (PRN) consistently stated the maximum dose that could safely be administered in a 24 hour period. In addition, some residents required their medication to be crushed and this documentation was now in line with best practice guidelines.

The inspector noted that the medication fridge located in an open office area now had a locking facility which was an action required from the last inspection. The inspector noted that the temperature of the fridge, which was within acceptable limits on the days of inspection, was recorded on a regular basis.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked the balances and found them to be correct.

Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy. The inspector saw that the pharmacist also met with individual residents as required.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

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):

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

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care.

On admission to the centre each resident's needs were comprehensively assessed. Each resident had a care plan completed. This identified their needs and the care and support interventions to be implemented by staff to meet their assessed needs.

The inspector noted that the care plans were updated to reflect recommendations by other health professionals and this was an action required from the previous inspection.

The inspector reviewed the management of clinical issues such as wound care and dementia care and found they were well managed. Weight management is discussed in more detail under outcome 15.

Residents were satisfied with the service provided. Residents had access to GP services and out-of-hours medical cover was provided. Psychiatry of later life services were available on referral. A full range of other services was available on referral including speech and language therapy (SALT) and occupational therapy (OT) services. Physiotherapy services were available on site. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes

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:

Some immediate action was required to ensure that the premises met residents' individual and collective needs in a safe, comfortable and homely way.

The inspector noted that the radiators throughout the centre were too hot to touch. These were unguarded and posed a risk to residents. The inspector also noted that the temperature of the water from the hot taps in residents' bedrooms and bathrooms was not controlled and was too hot. Both of these were discussed immediately with the provider nominee. He confirmed that there were no thermostatic control valves or other anti-scalding protection on the piped hot water supplies. Because of the potential risk to residents this outcome merited a judgment of major non-compliance and the provider nominee was required to address this as a matter of urgency.

These matters are also referred to under Outcome 8.

St Catherine's centre is a three-storey building situated in a village setting, looking out on the village green. The inspector found that the premises was homely in décor and furnishings. There are now 19 single, two twin and one three bedded room. Other rooms available included two day rooms, two dining rooms, a visitors' room, a kitchen, laundry, sluice room and an office and nurses' station. Adequate toilet and bathroom facilities were available. Laundry facilities are discussed in more detail under Outcome 8.

Bedrooms were nicely personalised and comfortable. The size and layout of bedrooms met the needs of the residents. Adequate screening was available in shared rooms. There was lockable storage space available for residents in their bedrooms.

There is a chair lift available to assist people to navigate between the ground and first floor. There were no residents upstairs at the time of inspection. The upper floor was used for training and storage. The provider nominee was aware of the future requirements regarding a passenger lift.

All walkways were clear and uncluttered to ensure resident's safety when mobilising. All walkways and bathrooms were adequately equipped with handrails and grab-rails. Working call-bells were evident in all areas.

Equipment such as hoists, wheelchairs, specialist mattresses and chairs were available according to residents' needs. These were serviced regularly.

There was an enclosed garden area which was readily accessible and well maintained. The centre was secure with a restricted access system in place.

Street parking was available.

Judgment:
Non Compliant - Major

Outcome 13: Complaints procedures

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

Theme:
Person-centred care and support

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

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

Findings:

The inspector was satisfied that the complaints of each resident, his/her family, advocate or representative, and visitors were listened to and acted upon and there was an effective appeals procedure. Improvements required from the previous inspection relating to the policy and procedure had been addressed.

The inspector reviewed the policy and saw that it detailed the procedure to follow should a complaint be received. It now contained details of the person nominated to ensure that all complaints were appropriately responded to and that the required records were maintained.

The inspector read the complaints log and saw that a minimal number of complaints were received and detailed information was recorded including the complainant's level of satisfaction with the outcome.

Judgment:
Compliant

Outcome 14: End of Life Care

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

Theme:
Person-centred care and support

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

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

Findings:

The inspector was satisfied that each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs. Action required from the previous inspection had been addressed.

It was noted at the previous inspection that there was no documented evidence to show that residents were afforded the opportunity to outline their wishes regarding end of life. The inspector saw that this had been addressed. Specific documentation had been introduced which outlined the residents' preferred priorities of care including their wishes regarding transfer to hospital.

The inspector saw that the policy had been updated and incorporated many of the hospice friendly hospital (HfH) initiatives such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying. The policy also included information and advice on breaking bad news and care to be provided before and after death.

Staff spoken with confirmed that meals and refreshments were made available to relatives and facilities were set aside if relatives wished to stay overnight. There was a procedure in place for the return of possessions. A specific bag was set aside for this and relatives were given adequate time to return to the centre to gather any belongings they wished to keep.

An annual remembrance mass was held each year.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents' nutritional needs were met.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The

inspector saw that records of residents' food intake and fluid balance were accurately completed when required.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The chef on duty discussed the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The inspector saw that residents who required their meal in an altered consistency had adequate choices available to them.

At the previous inspection the chef discussed plans to introduce pictorial menus to assist residents with choosing their meal. The inspector saw that this was now in place. The inspector also noted that the menu was on display in the dining room. The menu had been reviewed by a dietician to ensure it was sufficiently wholesome and nutritious. Recommendations had been taken on board.

Records showed that some residents had been referred for dietetic review. Recommendations had been incorporated into the care plans and practices. The inspector saw that some residents had been reviewed by a speech and language therapist. The inspector observed practices and saw that staff were using appropriate feeding techniques as recommended.

The inspector saw that snacks and drinks were readily available throughout the inspection. The inspector observed and residents confirmed that the chef continued to produce a wide range of home-baking including a variety of scones and cakes. As at the previous inspection, a particular favourite of the residents spoken with was the dessert trolley which held an extensive range of desserts. This assisted residents with their choices although the inspector saw that some residents chose a little bit of everything.

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):

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

Findings:

The inspector was satisfied that residents' privacy and dignity was respected.

Improvement required from the previous inspection relating to ensuring that feedback was sought from residents with dementia and the activities available reflected the capacities and interests of each individual resident had been addressed.

'My life Story' was completed for each resident and this included details of residents' likes and dislikes, previous interests and hobbies. An activity programme was on display and included music, relaxation sessions, bingo and ecumenical group sessions. Residents told the inspector how much they enjoyed the activities and one resident showed the inspector her newly varnished nails.

There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends although some residents told the inspector they like going home for day trips with their family. Advocacy services were available and an advocate chaired the resident committee meetings.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were upheld. Residents' rights to refuse treatment or care interventions were respected. The inspector saw that mass was celebrated on a weekly basis and was also aired through local radio from the church next door. Church of Ireland ministers visited as required.

There was a residents' group in place. Residents were encouraged and facilitated to be involved in the running of the centre. A resident/relative satisfaction survey had been sent out but the response rate was very low. The provider nominee and director of nursing discussed possible ways to improve this.

Judgment:
Compliant

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

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents could have their laundry attended to within the centre.

Staff spoken with were knowledgeable about the different processes for different categories of laundry. Residents expressed satisfaction with the laundry service

provided. Appropriate procedures were in place for the safe return of clothes.

Adequate storage space was provided for residents' possessions.

The laundry room itself is discussed in more detail, under Outcome 12.

Judgment:

Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

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

Findings:

The inspector was satisfied that 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.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. They had been vetted appropriate to their role. Their roles and responsibilities were now set out in writing which was an action from the previous inspection.

The inspector examined a sample of staff files and found that all were complete. A review of all files had been undertaken to address the action required from the last inspection relating to this. The provider nominee gave assurances that garda vetting was in place for all staff.

The inspector saw that relevant training was provided and staff spoken with confirmed they had attended several training courses recently. The inspector also saw where staff appraisals were undertaken on a yearly basis and the results of these were used to plan a training programme. However the inspector noted that that some staff had not attended the mandatory training in manual handling within the required timescale.

Up to date registration numbers were in place for nursing staff. An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed the roster which reflected the staff on duty. Systems were in place to provide relief cover for planned and unplanned leave.

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:

Sheila Doyle
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:	27/02/2017
Date of response:	16/03/2017

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

1. Action Required:

Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and

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

details responsibilities for all areas of service provision.

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

Job description for P.I.C and Nurse Manager to be amended to define management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Proposed Timescale: 30/04/2017

Theme:

Governance, Leadership and Management

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

Internal audits were not conducted in relation to many key aspects of the service to monitor and improve the quality of care.

Improvement was also required to ensure that the annual review of the quality and safety of care delivered to residents was sufficient to ensure that such care is in accordance with standards set by HIQA.

2. Action Required:

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

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

Audits to be completed regularly to include all aspects of the service and results analysed

Annual review to be amended to include additional information and benchmarking against the standards

Proposed Timescale: 30/04/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The emergency plan did not include sufficient details to guide staffs' response to major incidents.

3. Action Required:

Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to

essential services or damage to property.

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

Emergency plan to be updated to include responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Proposed Timescale: 24/03/2017

Theme:

Safe care and support

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

The inspector found evidence of inadequate hazard identification and assessment of risks throughout the centre.

4. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Risk Management Policy to be amended to include requirements as per Regulation 26(1) (a) hazard identification and assessment of risks throughout the designated centre.

Proposed Timescale: 24/03/2017

Theme:

Safe care and support

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

The risk management policy did not meet the requirements of the regulations.

5. Action Required:

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

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

Risk Management Policy to be amended to include requirements as per Regulation 26(1) (a to d) including risks such as abuse, the unexplained absence of any resident, accidental injury to residents, visitors and staff or self-harm.

Proposed Timescale: 24/03/2017

Theme:

Safe care and support

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

Clean clothes were stored in the same area as the washing machines and clean linen and towels were stored on shelves beside the washing machine.

6. 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:

Laundry Room to be redesigned and renovated

Proposed Timescale: 30/08/2017

Theme:

Safe care and support

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

Fire drills were not carried out on a regular basis.

7. 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:

Future fire training to include fire drills at six monthly intervals

New fire training company engaged to deliver training

Proposed Timescale: 10/04/2017

Theme:

Safe care and support

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

Some staff had not attended fire training.

8. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes,

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

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

All staff have received Fire training,

New fire training company now engaged to deliver training as per Regulation 28(1) (d) fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, firefighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

New fire training company to deliver training to all staff by April 2017

Proposed Timescale: 10/04/2017

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:

Radiators which were unguarded were too hot to touch.

The water from the hot taps in all areas including the residents' bedrooms and bathrooms was too hot.

9. Action Required:

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

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

All radiators are now guarded

Thermostatic control valves being fitted to all hot taps accessible to residents

Proposed Timescale: 22/03/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Some staff had not attended the mandatory training in manual handling within the required timescale.

10. 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:

Manual Handling Training to be completed for all required staff.

Proposed Timescale: 31/05/2017