

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Francis Nursing Home
Centre ID:	OSV-0000393
Centre address:	Kilkerrin, Ballinasloe, Galway.
Telephone number:	094 965 9230
Email address:	stfrancishomekilkerrin@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	John Desmond Joyce & Sharon Joyce Partnership
Provider Nominee:	Hilda Joyce
Lead inspector:	Marie Matthews
Support inspector(s):	Geraldine Jolley
Type of inspection	Announced
Number of residents on the date of inspection:	29
Number of vacancies on the date of inspection:	5

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 1 day(s).

The inspection took place over the following dates and times

From: 14 September 2017 10:30 To: 14 September 2017 21:30

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 03: Information for residents	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	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA) to renew registration of the designated centre.

St. Francis's Nursing Home is a two-storey residential care facility that can accommodate 34 residents who require long-term care, or who have respite, convalescent or end-of-life care needs. It is situated in a rural location a short distance from the village of Killkerrin, County Galway. It is a family run business with family members having key roles for the management and oversight of the business.

The building was originally a monastery and it has been modified and refurbished over the years to improve facilities for residents. An on-going programme of refurbishment was evident and some bathrooms were scheduled to be upgraded to

improve accessibility. Accommodation was provided in single, double and triple occupancy bedrooms on both floors. There is lift and stairway access to the upper floor. Adequate sitting and dining space where residents can sit together in comfort is available and there is private space where residents can see visitors. There is a safe, well cultivated garden available to residents with seating at varied locations. It is also home to the centre's hens and cats that provide extra interest for residents.

Regular fire drills were completed and residents participated where possible. Some improvements were identified regarding emergency lighting on the first floor and some staff required refresher fire training. There were also fire safety matters that required review as bedroom doors did not have self closures.

Care support staff, nursing staff and ancillary staff were well informed and conveyed a comprehensive understanding of individual residents' needs, wishes and preferences. They described how they established residents' preferences and choices on admission and adhered to their preferred routines each day. There was evidence that independence and well-being was promoted by supporting residents to continue to do as much as possible for themselves and by encouraging residents to remain stimulated and engaged in social activity. There was a varied social care programme with interesting activities organised each day and staff were allocated to ensure activities took place as scheduled. Residents confirmed that they could choose what they wanted to do each day. Some went out to the local day care service and said this was a "real benefit" as they kept in touch with neighbours and friends.

Residents said they felt safe and there were appropriate arrangements in place to ensure they were safeguarded. Both residents and relatives that the inspectors talked to conveyed a high level of satisfaction with the service, particularly the respect that staff show to residents and the interest they take in their well-being. Relatives and visitors said that they were welcomed and there was no restriction on visiting times. They valued the information relayed by staff and said they were informed promptly if their relatives' condition changed. Residents conveyed that staff were "dedicated to their jobs" and to ensuring they had a good quality of life. Relatives confirmed that they received comprehensive information prior to admissions being arranged including details of the services provided. No additional charges are incurred beyond the fee charged. Relatives and residents indicated that they knew how to make a complaint and described staff as readily available to talk to if they had matters to discuss on a day-to-day basis.

Other areas that required review include the configuration of two shared bedrooms to ensure accessibility to wardrobes and adequate privacy and dignity. Raised toilet seats found in some ensuite toilets were not secure and some ensuite showers were did not have adequate handrail supports for people with mobility problems.

At the feedback meeting following the inspection, the findings were discussed with the Person in Charge and provider representative and the Liaison Officer. Matters requiring improvement are discussed throughout the report and set out in the action plan at the end of this report in order to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and

the National Quality Standards for Residential Care Settings for Older People in Ireland.

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 statement of purpose accurately described the aims, objectives and ethos of the centre and the service that was provided.

The statement of purpose set out the services and facilities provided in the designated centre and contained all the requirements of schedule 1 of the regulations.

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):

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

Findings:

There was a clearly defined management structure in place with identified lines of authority in the designated centre and there were systems in place to review the

safety and quality of care of residents living in the centre however, these required improvement.

The provider nominee and the person in charge were based in the centre and worked together to manage the centre. The provider nominee had grown up in the centre and had considerable experience in older persons care. The person in charge was a registered general and psychiatric nurse with over 30 years experience. He had previous managerial experience in his previous post. He worked full time in the centre and had a good knowledge of the regulations and of his responsibilities.

The provider nominee and the person in charge had worked to address the areas of concern identified in the previous inspection and the inspectors found that the standard of care plans maintained had improved significantly. There was an audit schedule in place which included audits of accidents and incidents, care plans, medication, complaints and accidents and incidents and where areas of improvement were highlighted improvements were undertaken. For example the review of the premises had highlighted deficits in the accessibility of the bathrooms and a plan had been put in place to upgrade each facility.

An annual report on the quality and safety of care had been completed for the previous year however it did not provide information in an accessible format that could be shared with residents on all of the key indicators of care audited during the year. Although the provider could describe works which were scheduled to improve facilities for residents, the report did not reference this information or include a quality improvement plan to identify any other planned improvements and there was no evidence that the residents had been consulted with as part of the process.

Judgment:

Substantially Compliant

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:

Each resident had a signed contract of care on file which detailed the services provided and any additional fees. Inspectors noted that services such as hairdressing, physiotherapy, occupational therapy, speech and language therapy and dietetics were included in the overall fee and residents did not incur any additional fees. Some contracts of care required minor review however to include details as to whether the

room occupied by the resident was a single occupancy or a shared bedroom.

A copy of the residents' guide was available which was given to all new residents on admission.

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:

The centre is managed by a suitably qualified and experienced person in charge. He is dual qualified psychiatric and general nurse. He has worked in the centre since 2012 initially as a nurse. He was the Assistant Director of Nursing from 2012 to 2015 when he became Director of Nursing.

He was knowledgeable of his role and responsibilities as the person in charge and meets with the provider on a monthly basis and informally on a daily basis. He demonstrated that he knew residents well and was aware of their individual needs. Inspectors saw that residents knew the person in charge.

He kept himself up to date clinically by attending training courses in areas such as falls prevention and continence care and was receiving training on the day of inspection on the use new respiratory equipment.

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:

On the previous inspection, inspectors identified issues in relation maintaining accurate up to date care records but inspectors found that the person in charge had completed a number of audits of care records and where issues were identified these had been addressed. Inspectors found the standard of record keeping had improved on this inspection and care plans reviewed contained more person centred robust information.

An improved system of night time checks on residents had been implemented which gave a clear indication as to monitoring of residents at night.

The safeguarding policy had been updated to included details of the confidential recipient and all schedule 5 policies were available and there was a system in place to ensure they were reviewed regularly.

All staff personnel files reviewed contained the information required under schedule 2 of the regulations.

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:

There were measures in place to protect residents being harmed or suffering abuse and inspectors saw that where necessary action was taken to safeguard residents who were identified as vulnerable or at risk of abuse. The centres policy on safeguarding had been recently reviewed and included contacts for reporting issues to the Health Services Executive (HSE) safeguarding teams. A copy of the 'Safeguarding Vulnerable Persons at Risk of Abuse' (HSE 2014) was also available for reference. The inspector reviewed staff training records which confirmed that staff had completed training on the prevention, detection and response to abuse. The staff members interviewed by the inspector were aware of what to do if they suspected or were informed of an allegation of abuse. The person in charge and the provider were aware that some residents were vulnerable and appropriate safeguarding precautions were in place. Garda vetting was obtained for all staff prior to commencement of employment. The centre was secure and all visitors were observed to complete a visitor's log. Close Circuit Television (CCTV) cameras monitored the entrances to the premises. Residents spoken with said they very felt safe in the centre and identified the centres liaison officer or the person in charge as someone who they could go to should they have any concerns they wished to raise.

Residents were provided with support that promoted a positive approach to behaviour that challenges. A small number of residents had expressive behaviours and symptoms associated with dementia. During the inspection, staff approached residents in a sensitive and appropriate manner, and residents responded positively to techniques seen used by staff.

A log was maintained of any incidents that occurred and potential triggers were identified. Care plans were developed to guide staff to respond to escalation in behaviour in a manner that reduced the residents' anxieties. Activities specific to each resident's likes and interests were encouraged to reduce escalations in behavioural. Those care plans reviewed described the support the resident required and included distraction techniques that helped and the likely triggers for escalations in behaviours. Some required review however as they omitted details of the specific behaviours the resident was likely to present with.

The person in charge said a restraint-free environment was promoted. The centre had a

policy on restraint use which reflected national policy and was kept under reviewed. A restraint register was maintained and inspectors saw that 11 residents were identified as having a restraint in place. All of these were bed rails and inspectors saw that some of these were in place at the request of the resident. The inspector saw that this was clearly stated on the risk assessment completed prior to using the bedrail and signed consent was obtained. There was evidence of multi disciplinary involvement in the decision making process.

The provider told inspectors that they did not act as a pension agent for any residents and residents were encouraged to manage their own finances. The provider looked after small amounts of money for one resident. There were records maintained of all transactions. There was a policy available to guide staff on the management of residents' personal property and possessions.

Judgment:

Substantially 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:

Although there were procedures in place to promote the health and safety of residents, staff and visitors and precautions were in place to protect residents from the risk of fire however, some improvements were identified in relation to this area.

A risk management policy was available to guide staff which referred to the specific risk areas required by the regulations. A risk register was available which inspectors saw was updated regularly. Inspectors observed however that the storage of an oxygen cylinder in the nurse's office had not been included in the risk register.

An emergency plan was available which contained the contact details for all the emergency services and for the provider, the person in charge and other key staff. It listed the procedures to follow in event of emergencies such as a fire, flooding, loss of power, gas leak or outbreak of infection. A generator was available on site in the event of a power failure.

Accidents and incidents were well recorded and were reviewed by the person in charge. The records reviewed by inspectors were comprehensive and described clearly the nature of the event and the actions taken by staff to ensure residents' wellbeing. Where falls were unwitnessed the actions taken included assessment for any injury. monitoring

of neurological observations for a period and discussion with doctors. Care plans were updated with new interventions required such as low-low beds, sensor floor or chair alarms or other assistive equipment.

Moving and handling assessments were available, were up to date and reflected resident's dependency and information in care plans related to mobility.

There were procedures and precautions in place to ensure residents were protected in the event of a fire. Fire equipment including the fire alarm, fire extinguishers, emergency lighting and smoke detectors were observed throughout the building and the building was divided into separate zones with electromagnetic devices fitted to the doors between zones which closed automatically in the event of the fire alarm activating. Bedroom doors did not have self closing devices fitted and were not connected to the fire alarm system and the inspectors judged that this could pose a risk of harm to residents in the event of a fire.

Emergency Illuminated directional signage was provided throughout the building however on the first floor in the corridor beside rooms 8, 9, 10 and 11, the illuminated signage was obscured and an additional sign was required in this area. Inspectors also observed that signs showing the action to take on discovering a fire were not displayed throughout the centre.

Contracts were in place with an external company for servicing all fire safety equipment. Records of in-house safety checks on fire doors and escape routes were evident. Two additional fire evacuation doors had been provided from the first floor. These fire doors led to a flat roof which formed part of the existing fire escape route and there was a gradual sloped ramp for use in emergencies. The provider told inspectors that a certificate of compliance with the Building Control Act and Statutory Fire Authority had been secured by the provider but was not available on the day of inspection. The provider was requested to submit a copy of this to the Authority following the inspection to evidence that the building complies with fire regulations.

Inspectors saw evidence that regular fire evacuation drills were completed at different times of the day and with staffing levels to simulate night rosters when fewer staff were on duty. A staff member who had completed fire warden training helped facilitate the drills and evaluate the effectiveness afterwards. The fire warden said that these drills were used as a training opportunity to reinforce fire training, prepare the effectiveness of the fire evacuation plan and ensure staff and residents were prepared for a fire. Both staff and residents were involved in the drills and there were comprehensive records kept of those who participated, the location, and comments on what had worked well and which areas required improvement. Those staff spoken with could describe clearly the procedure to follow in the event of the alarm been activated. Additional fire training was provided yearly on the use of fire equipment however some staff were overdue this training. Inspectors saw that these staff had been identified and training was scheduled to take place early in October 2017.

The inspectors hand tested the hot water in a sample of bathrooms which were found to be safe. Restrictors were fitted to windows on the first floor. Access to areas such as the centres' sluice room, clinical room and cleaners' storeroom was secured to protect

residents and visitors. There were systems in place to ensure good infection control management. A colour coded cleaning system was in place to reduce the risk of cross contamination. Hand gels were provided along corridors. There were good supplies of personal protective equipment available throughout and protective equipment was not left unattended.

All staff members had completed training in safe moving and handling and appropriate moving and handling equipment was provided to meet the needs of the of residents. Service contracts were in place to ensure hoists and air mattresses were serviced.

Hand washing and hand drying facilities were located in all toilet areas. Residents who required regular blood monitoring had personal glucometers in line with good infection control practice.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were safe systems in place for the management of medicines. There was a secure storage for supplies and for the medicine trolley. Inspectors saw that medicines were administered safely and residents were given plenty of time to take their medicines.

There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents however the policy required review to include the procedure for disposal and return of unused supplies of medicines to the pharmacy. The prescription sheet included all the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication.

Staff were well informed about all medicines in use and residents' medicine regimes. There was a system in place that ensured each resident's medicines were reviewed every three months by the GP, specialist services, pharmacists and nursing staff. There was also emphasis on ensuring that medicine no longer required by residents was discontinued and some residents were noted to be on few medicines. Where residents refused medicines this was recorded and highlighted to doctors. Staff were aware of

residents' rights to refuse treatment. Medicines were supplied in a blister pack system and this was valued by staff who liked the arrangement as it provided additional safety measures.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. The stock balance was checked and signed by two nurses at the change of each shift.

Residents who had conditions that could fluctuate and who needed medicines on an "as required" basis had this prescribed appropriately with maximum doses to be given in a 24 hour period outlined. Staff had completed training on the administration of medicines in February 2016.

The nurses placed emphasis on observing residents responses to medicines particularly medicines administered short term such as antibiotics and recorded these observations in the daily records.

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 inspectors found that health and social care was delivered to a high standard. Some improvements were identified in the way wounds were described when assessed as measurements were not always recorded.

There were 29 residents accommodated at the time of the inspection. Nine residents were assessed as having maximum care needs, 6 had high care needs and 5 had medium care needs and 9 were assessed as having low care needs. Most residents came from the local catchment area and some had previously been admitted for respite, so were known to staff prior to admission. Residents had a range of healthcare problems associated with age and some had more than one medical condition. Almost half of the

residents had a diagnosis of dementia.

All residents had care plans and an assessment of physical care needs and a cognitive assessment were used to inform the judgement of dependency and the interventions required from staff to ensure residents' needs were met. On admission, a comprehensive nursing assessment and additional risk assessments were completed for all residents. This assessment was based on a range of evidence based practice tools. For example, a nutritional assessment tool was completed to identify risk of nutritional deficits, a falls risk assessment and a tissue viability assessment to assess the risk of a pressure related wound. The inspectors noted that the assessments were used to inform care plans and that care was delivered in accordance with set criteria to ensure well being and prevent deterioration.

Risk assessments, consent forms and emergency contact information were available in each resident's notes. The daily progress notes documented the staff's interaction with residents, monitoring of residents' health, general well being and the activities they attended and how they participated/responded during particular activities.

There was evidence that residents and relatives are involved in care plans and that their views are incorporated into daily care practice. Relatives confirmed that they consulted and that their knowledge of residents' routines, wishes and likes and dislikes were used to inform care plans and guide practice. Nursing and care staff could articulate residents care needs comprehensively and it was evident from the conversations the inspectors had with them that they were focused on person centred care and also identified changes promptly and sought medical or allied health professional advice. The inspectors saw that residents could follow their individual daily routines. Some residents stayed in bed late and others watched television late. They confirmed that they could get up and go to bed when they wished and that staff respected their choices.

Residents had access to appropriate medical and allied healthcare professionals. There was good access to general practitioner (GP) services and out-of-hours cover was also available. Residents and staff informed the inspectors they were satisfied with the current healthcare arrangements and service provision. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and shared between providers and services.

There was appropriate access to allied health professionals and records confirmed that residents were reviewed promptly by dieticians, physiotherapists and speech and language therapists. Communication problems were assessed and the inspectors found that speech and language therapists provided advice and guidance not only for swallowing problems but for communication problems with good outcomes for residents. For example, recommendations about clarity and brevity of communications for staff and about appropriate breathing before efforts were made to speak for the resident helped ensure that good communication was possible.

There were two residents with venous ulcers in receipt of treatment. There was a good overview of the progress of wounds recorded and the dressing regimes in place.

Measurements of the extent of wounds were not always available and the procedure to guide staff on wound care management did not indicate an evidenced based grading regime to guide staff practice.

Inspectors saw that there were assessments completed that described dementia or confusion and these were routinely completed to detect memory problems. The inspectors noted that there was good quality information available to confirm residents' cognitive conditions, abilities and care needs. The daily records provided a good outline of the care delivered by staff to address residents' needs and they provided sufficient information to confirm that staff adhered to care plans and addressed identified needs in a systematic way.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

St Francis nursing home is a two-storey building which was previously a monastery which had been modified for use as an older persons centre. The church has been incorporated into the centre and provides a quiet space for residents to reflect and pray. It had been used by some families of deceased residents for funeral ceremonies and the graveyard for the monastery is visible outside the oratory. The dining room, sitting rooms and visitor's room were located on the ground floor of the centre. Handrails were provided throughout the centre to assist residents and there was seating available at various points throughout the centre.

There were two sitting rooms to the front of the building and these were comfortably decorated. Inspectors observed that both areas were well used during the inspection. A spacious dining room was provided and there was a separate visitor's room for residents to meet with visitors in private. The front entrance to the centre was rarely used and had seating provided and this area was favoured by some relatives for meeting with their loved ones.

Bedroom accommodation was located on the ground and first floor of the building and

comprised 11 single occupancy rooms and 10 two-bedded rooms, four of which had ensuite bathrooms facilities. There is one three bedded room which also has ensuite facilities. Each bedroom had lockable storage, a wardrobe and a chair for residents use. Bedrooms had call bell facilities and residents were personalised with the resident's personal effects and photos of their loved ones. Privacy screening were observed between beds in the shared bedroom and locks were fitted to all shared bathroom doors to ensure the residents privacy. However, two of the shared bedrooms were small and had limited personal space available for residents and it was difficult to ensure personal care and communication was provided in a manner that promoted and protected each resident's privacy and dignity. In one shared bedroom inspectors saw that one of the beds obstructed access to the wash hand basin and the wardrobe.

The bedroom with three beds was spacious and was configured in a manner to ensure each residents' privacy. The room was T shaped with ensuite bathroom facilities. One bed was positioned on the left hand side in an alcove and the other two beds were arranged opposite each other so that residents faced opposite directions when in bed. This is discussed under outcome 16, Privacy and Dignity. There was a shaft lift between floors which allowed residents who could not use the stairs to access the first floor of the centre. As described under outcome 7 there were four fire exits located on the first floor to allow for evacuation of all residents from this area in the event of a fire.

There was appropriate assistive equipment provided to meet the needs of residents. The inspector viewed the maintenance and servicing contracts and found the records were up to date and confirmed that equipment was in good working order. Some raised toilet seats were observed on toilets which were unsuitable as they were not stable and some bathrooms did not have level access showers with handrails on each side to support residents. These issues were brought to the attention of the provider who relayed to inspectors the plans to refurbish all of the bathroom facilities to address these issues. Some bedroom walls were also noted to require repainting where the walls had become damaged. The provider said this would be included in the planned refurbishment.

There was a very pleasant enclosed garden provided for residents use at the rear of the centre which had garden seating and tables arranged throughout. The garden was planted with shrubs and flowers and had a separate vegetable garden and orchard. It was also home to the centres three cats and six hens. This garden provided a safe area for residents to relax when the weather permitted and there was a fence around the grassed area which residents could use for support however the entrance to the area did not have any handrails provided to assist residents and encourage those with poor mobility to use the area.

Judgment:

Non Compliant - Moderate

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:

The inspectors found that the arrangements in place to provide residents with a varied and balanced diet that met their nutritional needs and preferences were satisfactory. There were systems in place for assessing, reviewing and monitoring residents' nutritional intake and residents that were at risk of nutrition shortfalls were identified and monitored closely. There was a food and nutrition policy in place to guide practice.

The inspectors were told that meals were good and residents comments included "tasty and always looked forward to", "as good as any food I've had anywhere" and "we have a choice and can ask for something else at any time". Residents' food likes and dislikes as well as specialist diets were recorded and kept in the kitchen.

Catering staff were well informed and during discussions with inspectors confirmed that food was prepared fresh daily with an emphasis on dishes that residents preferred and enjoyed. There were two cooked choices at each meal time and residents confirmed that alternatives were offered if they did not like the dishes on offer or preferred a smaller meal.

There was a record of residents who required food to be prepared in particular consistencies in accordance with speech and language therapists' recommendations. The inspectors saw that there was good detail provided for catering and other staff to ensure that these recommendations were appropriately adhered to in the interests of residents' safety.

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):

No actions were required from the previous inspection.

Findings:

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. Two activity co-ordinators coordinated the programme which was delivered during the day and in the evenings. The residents' files reviewed by inspectors contained a detailed person centred social care plan. The daily progress notes documented the staff's interaction with residents, monitoring of residents' health, general well being and the activities they attended and how they participated/responded during particular activities.

The centre provided access to independent advocacy services and contact information was on display on notice boards in the centre. One of the partners who owned the centre was a retired nurse, now worked as a liaison officer for the provider. Inspectors saw her throughout the inspection spending time with individual residents. Residents told inspectors that they would speak to the liaison officer first if any issues were concerning them.

There was an established resident's committee and the minutes reviewed by inspectors evidenced that this was an active forum which was well attended. Feedback was also sought regularly from family members who could also attend the meetings and advocate for their relative. Advocacy services were available to residents and inspectors also noted that an independent advocate had attended a recent residents meeting.

A sample of minutes of these meetings was reviewed by inspectors and issues discussed included upcoming outings, reports from the residents recycling committee, feedback from the knitting group and feedback on the most recent fire drill.

Inspectors met with relatives visiting family members who said there were no restrictions on visiting arrangements and those spoken with said they were made feel welcome and were offered refreshments when they visited. They also spoke positively on their experience of care at the centre.

The majority of residents were Roman Catholic and there was a mass service held monthly in the centre. The local priest also attended regularly and blessed residents who were ill. A church of Ireland minister was available to visit church of Ireland residents.

Residents and staff confirmed that residents were facilitated to vote in national and local elections.

The inspectors observed the interactions between residents and staff were very positive. Most staff members were local and knew residents prior to admission. They were observed to chat to residents constantly while assisting them with the activities of daily living. The inspector observed that staff were respectful towards residents and that privacy and dignity were respected. Inspectors identified some areas for improvement in relation to privacy and dignity. As described under outcome 12, two of the shared bedrooms were small and had limited personal space available for residents. Although screens were provided between the beds in these rooms, it was difficult to ensure personal care and communication was provided in a manner that promoted and protected each resident's privacy and dignity.

The centre had dedicated staff with responsibility for providing activities to engage residents. Life stories were completed for each resident with relevant information about their lives and interest. There was an established knitting group and several residents were observed engaged in this hobby during the inspection. Other residents enjoyed crochet and had some of their work displayed in the centre. Regular scheduled activities included music, card playing, arts and crafts, baking, and gardening.

A new policy had been developed to help staff to take an overview of the residents overall needs using a bio psychosocial goal setting model which considered the residents biological, social and psychological goals. One of the activities coordinators had completed training in this area and the inspectors saw that she had completed social assessments for each resident using this model and used these to develop care plans to meet the residents specific needs and wishes and to maintain their overall wellbeing. For example one resident's identified goals were to maintain their cognitive function and their current mobility. The inspectors saw that the residents daily social care plan was personalised and included a daily walk and crosswords, puzzles and word searches.

Inspectors read a social assessment which was been developed for another resident who could not read. The activities coordinator had made a picture version of the activities schedule to allow him to choose which activities or events he took part in. Communication assessments were completed for each resident and inspectors saw in those whose care notes were reviewed that some residents whose communication was impaired as a result of a stroke or other illness had been reviewed by the speech and language therapist.

The centres' garden had many features to keep residents engaged with nature and provide an additional area of interest and residents told the inspectors how they enjoyed spending time in this area. A local farmer had provided turf from a nearby bog and some residents had helped to put these into 'footings' which were still to be seen. The garden also contained an established vegetable garden and an orchard which was home to three cats and to 6 hens that were enjoyed by residents and provided eggs which were given to relatives and staff.

There were specific sensory activities provided for residents with a cognitive impairment which included reminiscence therapy, music therapy and newspaper reading. One of the

residents' had a dog joined her when she was admitted to the centre however the dog had since died. The provider told inspectors that a new dog had been acquired for the centre and was been training to ensure he was suitable before he came to join residents.

Records of the activities provided were maintained by staff and this was kept under review. Where residents chose not to attend an activity this was respected and where this happened repeatedly, the resident was reassessed to see if that included a record of the residents that attended. The provider provided transport for outings to events and trips to the local town. Local and national newspapers were available for residents.

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:

Staffing levels and the staff skill mix were sufficient to meet the health and social care needs of residents. Residents said they chose the time that they wished to get up and go to bed and this was seen to be facilitated by the staff. Residents' dependency levels were assessed using a recognised dependency tool and the staffing rotas were adjusted accordingly.

A registered nurse was on duty at all times. The rota for the previous weeks was reviewed and inspectors saw that the normal staffing compliment in addition to the person in charge was one nurse and five care assistants on duty in the morning, one nurse and three care assistants in the afternoon and evening and at night there was a nurse and two care assistants on duty. Additionally an activities coordinator and the liaison officer were on duty during the day and a second activities coordinator came on duty in the evening. Staff on night duty were rotated onto day duty to ensure attendance at training and appropriate supervision.

Cover for staff holidays was provided by regular care staff who were completing student

nurse training and worked in the centre as part of their placement. Inspectors were told by the person in charge and that there was a low turnover of staff which helped ensure good continuity of care.

Appropriate recruitment procedures were in place. The provider gave assurances that all staff had been appropriately vetted prior to working in the centre. Inspectors examined a sample of three staff files and found that they contained all of the information required in schedule 2 of the regulations including evidence of An Garda Síochána vetting and appropriate photo identification and references. There were no volunteers involved in the centre. Inspectors confirmed that up to date An Bord Altranais agus Cnáimhseachais na hÉireann registration numbers were in place for nursing staff.

Residents were complimentary regarding the staff and described them as 'really helpful and 'very caring'. They told inspectors that the staff were very respectful to residents and responded promptly to calls for assistance. Calls bells tested during the inspection were promptly responded to by staff.

A training programme was in place and a record of training for staff was available. Mandatory training such as safe moving and handling, fire training and safeguarding residents from abuse had been provided. Some additional training was provided to help staff to deliver evidence based care. For example, on the day of the inspection some staff members were completing training on new equipment recently provided for a resident with a respirator condition. There was a range of additional training provided to staff members which included training on dementia care, management of behaviours associated with dementia, end of life care and activities for residents with dementia.

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:

Marie Matthews
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St Francis Nursing Home
Centre ID:	OSV-0000393
Date of inspection:	14/09/2017
Date of response:	09/11/2017

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:

There was no evidence that residents had been consulted or involved in the annual report on the quality and safety of care.

1. Action Required:

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

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

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

The Quality improvement plan along with the annual report on the quality and safety will be printed and made available to residents; the font size will be increased to make it more user friendly for residents. The QIP and annual report has been added to the agenda for the next residents meeting and will be left on the agenda throughout the duration of the planned refurbishments. Any resident directly affected by refurbishments has/will be consulted on a one-one basic by our liaison officer and a record of consultation kept. The next residents' meeting is scheduled for 09/10/17.

Proposed Timescale: 09/10/2017

Theme:

Governance, Leadership and Management

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

An annual report on the quality and safety of care had been completed for the previous year however it did not provide information in an accessible format that could be shared with residents on all of the key indicators of care audited during the year

2. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that 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 more comprehensive report will be developed from the annual review of the quality and safety of care delivered to residents, this report will include the key indicators from all audits carried out during the year and will be shared with residents and relatives

Proposed Timescale: 21/11/2017

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

The contracts of care for residents required review to include details as to whether the room occupied by the resident was a single or a shared bedroom.

3. Action Required:

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident

shall reside in the centre.

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

Our Contract of Care has been updated to include room occupancy, this will be introduced with immediate effect for new residents and all current residents contracts will be updated by 31/12/17.

Proposed Timescale: 31/12/2017

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Some behaviour support plans required review as they omitted details of the specific behaviours the resident was likely to present with.

4. Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

The Behaviour Support Plans referred to have been reviewed and the specific behaviours the resident is likely to present with have been included. This action was completed on 02/10/ 2017.

Proposed Timescale: 02/10/2017

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 storage of an oxygen cylinder in the nurse's office had not been included in the risk register.

5. 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:

The oxygen cylinders have been risk assessed and are now included in the risk register.

Proposed Timescale: 04/10/2017

Theme:

Safe care and support

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

Emergency Illuminated directional signage was obscured on the first floor in the corridor beside rooms 8, 9, 10 and 11,

6. Action Required:

Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

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

A new emergency light has been fitted on the first floor in the corridor beside rooms 8, 9, 10 and 11.

Proposed Timescale: 28/10/2017

Theme:

Safe care and support

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

Bedroom doors did not have self closing devices fitted and were not connected to the fire alarm system and the inspectors judged that this could pose a risk of harm to residents in the event of a fire.

7. Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

This action is included in our QIP, sample door closers have been purchased and the most suitable closer will be selected by 09/10/17. The order for the door closers will be submitted on the 09/10/17 with a lead time of one week fitting of door closers is scheduled to commence on 16/10/17 and will be completed by 08/12/17

Proposed Timescale: 08/12/2017

Theme:

Safe care and support

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

Some staff had not completed recent fire safety 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:

Fire safety training is scheduled to take place on 14/10/17. Going forward, training on the use of fire equipment will take place annually.

Proposed Timescale: 14/10/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Measurements of the extent of wounds were not always available and the procedure to guide staff on wound care management did not indicate an evidenced based grading regime to guide staff practice.

9. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

Measurement of the extent of wounds is now available and an evidence based classification regime for various types of wound has been provided to assist and guide staff practice. This action was completed on 04/10/ 2017. In addition we have been in discussion with two different agencies with a view to organising wound care training for staff and are hopeful that this can be provided by one or other of those.

Proposed Timescale: 04/10/2017

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:

Some toilets had mobile raised toilet seats which were unsuitable as they were not stable and some bathrooms did not have level access showers with handrails on each side to support residents.

Some bedroom walls were in need of repainting where the walls had become damaged.

The entrance area to the garden did not have any handrails provided to assist residents and encourage those with poor mobility to use the area.

10. 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:

A QIP has been developed to include a detailed list of refurbishments, all of the above are included and have a confirmed scheduled date, see attached QIP.

Proposed Timescale: 24/11/2017

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:

Two of the shared bedrooms were small in size and had limited personal space available for residents. Although screens were provided between the beds in these rooms, it was difficult to ensure personal care and communication was provided in a manner that promoted and protected each resident's privacy and dignity.

11. Action Required:

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

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

The reconfiguration of both bedrooms are included in the QIP, room 18 work commenced on the 03/10/17 and will be finished on the 07/10/17. Room 8 is due to commence on the 16/10/17 and be completed on the 20/10/17. The change in layout and direction of the beds will improve resident privacy and dignity.

Proposed Timescale: 20/10/2017

