



Report of an inspection of a Designated Centre for Older People

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| Name of designated centre: | St Francis Nursing Home |
| Name of provider: | John Desmond Joyce & Sharon Joyce Partnership |
| Address of centre: | Kilkerrin, Ballinasloe, Galway |
| Type of inspection: | Unannounced |
| Date of inspection: | 20 November 2018 |
| Centre ID: | OSV-0000393 |
| Fieldwork ID: | MON-0025545 |

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St. Francis's Nursing Home is a two-storey residential care facility that provides 24-hour nursing care. The building was originally a monastery and it has been modified and refurbished over the years. It can accommodate 34 residents both male and female over the age of 18 years. Care is provided for people with a range of needs: low, medium, high and maximum dependency 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. Accommodation is provided in 11 single bedrooms and 10 twin bedrooms, four of which have en suite shower and toilet facilities. There is one three bedded room which also has en suite shower and toilet facilities. There is lift and stairway access to the upper floor. There is a variety of communal day spaces available to residents and there is access to a safe, enclosed garden area.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 33 |
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|------------------|----------------------|----------------|------|
| 20 November 2018 | 11:00hrs to 19:30hrs | Mary Costelloe | Lead |

Views of people who use the service

The inspector spoke with approximately 13 residents and two relatives who were visiting during this unannounced inspection.

Residents spoke highly of the service and care provided. Residents commented that they were well cared for and that staff were kind and caring. Residents told the inspector that they enjoyed living in the centre and that staff were good to respond when they needed them.

Residents commented that they knew the staff well and felt secure and safe in the centre.

Some residents mentioned that they enjoyed the range and variety of activities taking place, some residents mentioned that they enjoyed reading the daily newspapers which were delivered each morning. Some residents enjoyed spending time outside in the garden area.

Residents were complimentary of the quality and choice of foods on offer many stating that the food was always lovely and a choice was offered every day.

Residents were satisfied with the laundry service.

Residents told the inspector how they liked their bedrooms. They also commented that they enjoyed the variety of communal day space available which they found to be warm, comfortable and homely.

Residents stated that they were happy with the health care provided, some mentioned that they were regularly seen by their general practitioner(GP) and availed of the chiropody, ophthalmic and physiotherapy services.

Capacity and capability

This was a well managed service. While the management team had organised systems and processes in place to ensure that they had oversight and governance

arrangements in place to oversee the quality of care received by residents, improvements were required to ensuring safe recruitment practices and providing further assurances that residents could be evacuated safely in a timely manner in the event of fire at night time. Following the inspection an urgent compliance letter was issued in respect of these issues and they are discussed further under the quality and safety section of this report.

The management team were positive in attitude, demonstrated a willingness to comply with the regulations and undertook to address issues raised immediately. The actions identified at the last inspection had been addressed including issues relating to the annual review, contracts of care, emergency lighting, storage of oxygen cylinders, fire safety training and premises.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. It is a family run business with family members having key roles for the management and oversight of the business. The management team included the general manager who was also the nominated person to represent the provider entity. She was involved in the day-to-day running and worked full-time in the centre. The person in charge was a registered general and psychiatric nurse with over 30 year's experience. He worked full time in the centre and had a good knowledge of the regulations and of his responsibilities. He was supported in his role by an assistant director of nursing and maintenance manager who was a partner in the business. Further supports in place included the liaison officer who was a family member and retired nurse who continued to provide a valuable role in ensuring the day-to-day views of the residents were considered and acted upon. The management team met each other, residents and staff on a daily basis.

The management team continued to evaluate its compliance with relevant standards and regulations and there was an audit schedule in place. The results from audits were used to bring about improvements to the service provided, these were discussed at the monthly management meetings. Audits and reviews were carried out in relation to incidents, falls, medication management, complaints, risk management, care planning and training needs. Feedback from residents' committee meetings were also used to inform the review of the safety and quality of care delivered to residents to ensure that they could improve the provision of services and achieve better outcomes for residents.

The management team was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified as required by the regulations and had all been responded to and managed appropriately.

Care and support for residents was delivered by the appropriate number and skill mix of staff and good access to allied health services. This is further evidenced under the quality and safety section of the report. An additional staff member had recently been rostered in the evening time from 17.00 to 23.00 to assist with

resident care and to facilitate additional social activities.

There was a low turn over of staff in the centre, however, a small number of new staff had recently been recruited. Safe recruitment practices had not taken place in relation to two recently recruited staff members. The management team had not ensured that Garda Síochána (police) vetting was in place as a primary safeguarding measure and references as required by the regulations were not available. The general manager immediately removed these two staff members from the duty roster and gave an undertaking that they would remain off the roster until such time as Garda Síochána (police) vetting clearance and satisfactory references were available. The management team confirmed that Garda Síochána (police) vetting disclosures were available for all other staff.

Staff were provided with training and ongoing development opportunities, appropriate to their roles, to ensure that they had the necessary skills to deliver safe and effective services to residents. Training included specialist training in relation to care of the older person in areas such as dementia and management of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Further training was scheduled in areas such as wound care and food safety management systems. The management team ensured that mandatory training requirements for all staff were met and updated on an ongoing basis. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and skills to treat each resident with respect and dignity, and were able to recognise the signs of abuse and or neglect, and the actions required to protect residents from harm.

Complaints and concerns were listened to and acted upon in an effective manner. The complaints procedure was clearly displayed and the inspector was satisfied that complaints had been managed in line with the centre's complaints policy. Complaints were logged, investigated and appropriately responded to.

Regulation 14: Persons in charge

The person in charge was a nurse and worked full-time in the centre. He had the required experience in the area of nursing the older adult. The person in charge was knowledgeable of the regulations, HIQA's standards and his statutory responsibilities. He demonstrated very good clinical knowledge. He knew the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff.

Judgment: Compliant

Regulation 16: Training and staff development

The management team was committed to providing ongoing training to staff. Staff spoken with confirmed that they had completed all mandatory training and that training was scheduled on an on-going basis.

Judgment: Compliant

Regulation 23: Governance and management

While the management team were involved in the day to day operation of the business and maintained oversight of the quality of care received by residents, improvements were required to ensuring oversight of safe recruitment of staff and timely evacuation of residents in the event of fire.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Issues identified at the last inspection had been addressed, contracts of care included the information as required by the regulations including the details as to the type of bedroom occupied.

Judgment: Compliant

Regulation 34: Complaints procedure

Details of complaints including verbal complaints had been logged and investigated. Details of the outcome and action taken, along with the complainant's satisfaction or not with the outcome, was recorded. All complaints were regularly reviewed by the person in charge and discussed at the monthly management meetings.

Judgment: Compliant

Regulation 21: Records

References as required by the regulations were not available for two recently recruited staff.

Judgment: Not compliant

Quality and safety

Overall, residents in this centre were well cared for, and the quality and safety of care provided was to a high standard. As discussed under the capacity and capability section of the report, reassurances were required in relation to safe and timely evacuation of residents in the event of fire, particularly at night time.

Residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. A varied programme of appropriate recreational and stimulating activities was offered. A full time activities coordinator was employed and an additional staff member had been recently rostered to facilitate activities in the evening time. Residents had access to a large enclosed garden area which was provided with walkways and seating areas. Handrails had been provided at the entrance to the garden and along the walkways to assist residents and encourage those with poor mobility to use the area. The garden was landscaped, had a vegetable patch and hen enclosure. Some residents enjoyed gardening and helping out with weeding and other gardening activities, others enjoyed visiting the hens and collecting the eggs.

Residents had access to appropriate medical and allied health services to ensure that their healthcare needs were met. There was evidence of regular medical

reviews and referrals to other specialists as required. This allowed residents to be referred to and avail of these services in-house as required.

There was a pre-assessment process for potential residents to ensure that their needs could be met. Residents' well being and quality of life was enhanced and promoted through on-going review and assessment using a range of recognised nursing tools covering topics such as pressure areas, risk of malnutrition and risk of falls. All residents had care plans and an assessment of physical care needs and a cognitive assessment were used to inform the judgement of dependency. Staff spoken with knew the residents well and could describe their care needs in great detail. The care and support needs of residents were generally documented in their care plans, however, some inconsistencies were noted in that the information and care described by staff was not always reflected in the care plans. There were no residents with wounds at the time of inspection.

The design and layout of the centre met residents' individual and collective needs in a comfortable and homely way. There was evidence of on-going investment in the physical environment. Issues identified at the previous inspection had been addressed. Grab rails had been provided in all toilets and showers and raised toilets had been provided. There was an on-going programme of redecorating, many of the bedrooms had been refurbished since the last inspection. The building was found to be well maintained, clean, warm and odour free. While infection control policies and procedures were generally found to be implemented in practice, hand towels provided in shared bathrooms were not stored in line with best practice and posed an infection control risk.

Bedroom accommodation met residents' needs for comfort. The layout of some of the shared bedrooms had been altered to improve and provide additional space for residents, however, improvements were now required in relation to realignment of screening curtains in some of these shared bedrooms to ensure that residents could undertake personal activities in private. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms.

While the management team had taken measures to safeguard residents from being harmed or suffering abuse, improvements were required to ensure safe recruitment practices. This has been discussed under the capacity and capability section of this report. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. The management team advised that they did not act as pension agent or did not keep money for safe keeping on behalf of any residents. Residents were encouraged to manage their own finances and a secure lockable storage facility was provided in each residents room.

Staff continued to promote a restraint- free environment, guided by national policy. Bedrails were in use for 11 residents, these were used following consultation,

consent and risk assessment.

Residents' rights were protected and promoted. Residents were treated a dignified manner and in a way that maximised their choice and independence. Residents had access to advocacy services and information regarding their rights. Residents' committee meetings continued to take place on a regular basis. There was evidence that issues raised by residents were followed up by the management staff. Residents were encouraged and supported to follow their own routines. Residents were free to join in an activity or to spend time in their room or in any of the communal day areas. Residents were supported to go on shopping trips, day trips and outings.

Systems were in place to promote safety and manage risks. The risk register had been updated to include risks identified at the previous inspection. Health and safety issues and risk management were included and discussed at the monthly management team meetings. Residents had been risk assessed in consultation with the physiotherapist for use of the stairs. Safety measures were in place which limited access to the stairwell.

There was evidence of regular fire safety checks being carried out, all staff had received on-going fire safety training. The servicing of the fire alarm and fire equipment was up to date. Regular fire drills including evacuation of the centre were carried out. 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. While records indicated the time taken to evacuate the centre, there were no records to indicate the time taken to evacuate individual fire compartments simulating night time staffing levels. This was brought to the attention of the management team who undertook to carry out evacuation drills of individual compartments simulating night time staffing levels by the 23 November 2018 and to review evacuation requirements for each compartment having regard to the number and dependency of residents accommodated.

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Regulation 17: Premises

Issues identified during the previous inspection had been addressed. The centre was

found to be homely and provided adequate space to meet residents needs. It was clean, warm, comfortable and nicely decorated. There was a variety of communal day space such as the dining room, two sitting rooms, visitors' room, smoking room, seated alcove beside the dining room and church. Residents had access to an enclosed garden area which was easily accessible from the ground floor day areas.

Judgment: Compliant

Regulation 26: Risk management

Regular reviews of health and safety issues were carried out to ensure that a safe environment was provided for residents, staff and visitors. There were contracts in place for the regular testing and servicing of equipment including the fire alarm, fire equipment and hoists.

Judgment: Compliant

Regulation 27: Infection control

Hand towels provided in shared bathrooms were not in line with best practice and posed an infection control risk.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Further reassurances were required in relation to safe and timely evacuation of residents in the event of fire, particularly at night time.

There were no records to indicate the time taken to evacuate residents from individual fire compartments simulating night time staffing levels.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The care and support needs of residents were generally documented in their care plans, however, some inconsistencies were noted in that the information and

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| care described by staff was not always reflected in the care plans. |
| Judgment: Substantially compliant |
| Regulation 6: Health care |
| Residents had access to a choice of general practitioner (GP) and a range of other allied health services. There was evidence of timely referral to health care services. During the inspection the optician was visiting and assessing residents eye sight. The physiotherapist visited on alternative weeks and carried out both group exercises and individual assessments. |
| Judgment: Compliant |
| Regulation 8: Protection |
| A vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was not available for two recently recruited staff. |
| Judgment: Not compliant |
| Regulation 9: Residents' rights |
| Improvements were required in relation to realignment of screening curtains in some shared bedrooms to ensure that residents could undertake personal activities in private. |
| Judgment: Substantially compliant |

Appendix 1 - Full list of regulations considered under each dimension

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 21: Records | Not compliant |
| Quality and safety | |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Not compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for St Francis Nursing Home OSV-0000393

Inspection ID: MON-0025545

Date of inspection: 20/11/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

| Regulation Heading | Judgment |
|---|---------------|
| Regulation 23: Governance and management | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Recruitment: All new/prospective employees will have a complete staff fill including Garda Vetting and References before being added to the staff roster.</p> <p>Evacuation: Immediate action was taken to time the evacuation (Simulation) of each individual compartment. Eight of the nine compartments were evacuated within the required time of two and a half minutes. One of the larger compartments (compartment 9) had the capacity for 11 residents, this compartment was split into two on the 28th November. A new fire door (compartment) was installed and connected to the fire alarm system on Wednesday 28th. This increases the number of compartments from 9 to 10 which allows us achieve the evacuation of each compartment within the recommended time of two and a half minutes. Training for all staff on the new evacuation procedure is scheduled for the 18th December. Regular evacuation drills will be carried out during the month of January 2019 until all staff has been involved in at least one evacuation. A Further staff meeting will be held to discuss the finding of the evacuation drills.</p> | |
| Regulation 21: Records | Not Compliant |
| Outline how you are going to come into compliance with Regulation 21: Records: | |

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| All new/prospective employees will have a complete staff fill including two references | |
| Regulation 27: Infection control | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The following measures have been taken to ensure compliance with this Regulation:</p> <ol style="list-style-type: none"> 1. Towels were removed from the communal bathrooms in which they were being used on 20th November 2018. 2. The towel rails in these communal bathrooms were removed on the 21st November 2018. 3. Infection control policy was updated on the 6th December 2018 to include a direction that reusable hand towels were not to be used in communal bathrooms (Disposable hand towels were already also in use in those areas). 4. The change in policy was brought to the attention of staff through ongoing supervision since the 20th November 2018 but will be further dealt with at a staff meeting on the 18th December 2018. 5. Compliance will be the subject of ongoing monitoring. | |
| Regulation 28: Fire precautions | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Immediate action was taken to time the evacuation (Simulation) of each individual compartment. Eight of the nine compartments were evacuated within the required time of two and a half minutes. One of the larger compartments (compartment 9) had the capacity for 11 residents, this compartment was split into two on the 28th November. A new fire door (compartment) was installed and connected to the fire alarm system on Wednesday 28th. This increases the number of compartments from 9 to 10 which allows us achieve the evacuation of each compartment within the recommended time of two and a half minutes.</p> <p>Training for all staff on the new evacuation procedure is scheduled for the 18th December.</p> <p>Regular evacuation drills will be carried out during the month of January 2019 until all staff has been involved in at least one evacuation. A Further staff meeting will be held to discuss the finding of the evacuation drills.</p> | |
| Regulation 5: Individual assessment and care plan | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

We will work to achieve an improvement in this area by requiring that nurses discuss with their multidisciplinary colleagues in greater detail, all aspects of care required by residents prior to developing care plans so as to minimise the risk of gaps occurring in the documentation of the individuals care pathway.

This is being brought to the attention of nursing staff individually to date and will be further dealt with at a staff meeting on the 18th December 2018.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

All new/prospective employees will have a complete staff fill including Garda Vetting and References before being added to the staff roster.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Three of our bedrooms require improvement in the location of the screening curtains, these have been ordered and will be fitted by the 18st January 2019.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|------------------|--|-------------------------|-------------|--------------------------|
| Regulation 21(1) | The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector. | Not Compliant | Yellow | 20/11/2018 |
| Regulation 23(c) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. | Not Compliant | Yellow | 20/11/2018 |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of | Substantially Compliant | Yellow | 18/12/2018 |

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| | healthcare associated infections published by the Authority are implemented by staff. | | | |
| Regulation 28(1)(e) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | Not Compliant | Orange | 28/11/2018 |
| Regulation 5(3) | The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned. | Substantially Compliant | Yellow | 18/12/2018 |
| Regulation 8(1) | The registered provider shall take all reasonable measures to protect residents from abuse. | Not Compliant | Orange | 20/11/2018 |
| Regulation 9(3)(b) | A registered provider shall, in so far as is reasonably practical, ensure | Substantially Compliant | Yellow | 18/01/2019 |

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| | that a resident may undertake personal activities in private. | | | |
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