Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	St. Dominic Savio Nursing Home
Centre ID:	OSV-0000450
Centre address:	Cahilly, Liscannor, Clare.
Telephone number:	065 708 1555
Email address:	desdemonasmith@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Smith Hall Limited
Provider Nominee:	Desdemona Smith
Lead inspector:	Mary Moore
Support inspector(s):	Margaret O'Regan;
Type of inspection	Announced
Number of residents on the date of inspection:	26
Number of vacancies on the date of inspection:	2

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.

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.

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

The inspection took place over the following dates and times

From:	To:
02 July 2014 09:45	02 July 2014 19:00
03 July 2014 09:45	03 July 2014 18:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection was the sixth inspection of St. Dominic Savio Nursing Home by the Authority. The last inspection was undertaken on 10 December 2013 and on that occasion the inspector was satisfied that the provider had satisfactorily addressed the previous action plan and work was in progress and near completion to address the limitations of the premises.

Prior to this inspection questionnaires were forwarded to the centre for completion on a voluntary basis by residents and relatives. Ten completed questionnaires were returned to the Authority, four from residents and six from relatives. In addition inspectors spoke with residents and relatives throughout the inspection process. The

feedback received through both processes was consistently positive in relation to the overall governance of the centre, the competence and kindness of staff and the quality and safety of care and services provided.

At the time of this inspection there were 26 residents living in the centre one of whom was in receipt of care in the acute hospital services. Inspectors saw that the extension which was completed was in substantial compliance with regulatory requirements and residents and relatives spoken with were delighted with the enhanced comfort and privacy afforded to them. Inspectors were satisfied that the centre was effectively governed, that the standard of care received by residents was good and a substantial level of regulatory compliance was evidenced. The provider was compliant in 13 of 18 outcomes, two minor non compliances were identified in staffing and medication management, and three moderate non compliances in planning for end of life care, infection prevention and control procedures and demonstrating learning and improvement brought about from the system of quality assurance. The provider and senior nursing staff were at verbal feedback open to the inspection findings and articulated their ongoing commitment to regulatory requirements so as to enhance clinical, safety and quality of life outcomes for residents.

Section 41(1)(c) of the Health Act 2007. 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.

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 had been reviewed by the provider in December 2013. The statement contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Having undertaken this inspection the inspector was satisfied that the statement of purpose was an accurate reflection of the service and the facilities provided.

Judgment:
Compliant

Outcome 02: Governance and Management

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

Theme:
Governance, Leadership and Management

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

Findings:
This was a family owned and managed service and inspectors were satisfied that there was an established and effective management structure in place and sufficient resources to ensure the consistent delivery of safe, quality care services to residents; the provider confirmed this. The provider was also the person in charge and was supported in her roles by the assistant director of nursing (ADON) and a senior staff nurse. Each of these

persons throughout the inspection process was clear when interacting with inspectors on their respective roles, designated areas of responsibility and reporting relationships. All other staff spoken with were clear as to their roles and responsibilities, the governance structure, reported enjoying working in the centre and described the provider as fair and supportive while setting the required standard of care and service to be delivered to residents. Staff reported that these standards were communicated and reiterated on a daily basis. There were also records of meetings convened between management, management and staff and specific departments such as catering. There was a reported low turnover of staff and all staff spoken with had established service in the centre.

There was documentary evidence and staff spoken with described the systems that were in place for monitoring and reviewing the quality and safety of care and services provided to residents. These included procedures such as the convened meetings, the staff appraisal system, and consultation with residents and relatives through a formal forum and surveys on areas such as the menu and activities. For the purposes of on-going quality monitoring data was collated weekly and analysed quarterly and annually on indicators as outlined in Standard 30 of the National Quality Standards for Residential Care Settings for Older People in Ireland. Accident and incidents were reviewed individually and collectively quarterly. However, it was not evident that improvement was at all times brought about as a result of the monitoring process. For example while the falls audits indicated a reduction in the incidence of falls residents did not have access to a call bell in communal areas though this had been repeatedly identified by the audit process. A range of staff training including pain management, wound care and care of urinary catheters had been identified as necessary following the completion of the 2012 annual review but was not evidenced in training records as either completed or planned. The deficit in access to a call bell is actioned under Outcome 12; staff training is actioned under outcome 18.

Judgment:
Non Compliant - Moderate

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

Theme:
Governance, Leadership and Management

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

Findings:
The residents guide was available and on review it satisfied regulatory requirements; it contained details of the services and facilities provided, a summary of the complaints procedure and the arrangements for facilitating visitors to the centre.
Contracts for the provision of service were in place. Based on a sample reviewed the

inspector was satisfied that the contract detailed the arrangements for meeting the residents care and welfare in the centre, the services provided, the fee to be charged including the arrangements for the administration of state support schemes and other services that residents may avail of but were not included in the basic fee. The provider confirmed that the centre levied no additional charges for services such as laundry, recreation, or staff accompaniment, and where services such as hairdressing or chiropody were availed of they were invoiced and paid for privately by the resident or their family.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge was suitably qualified and experienced. The person in charge was also the registered provider and one of two directors of the company and therefore had substantial authority, accountability and responsibility for the provision of the service. The person in charge was present in the centre on a daily basis five days per week including weekends; this was reflected in the staff rota and confirmed by staff spoken. Based on observations, these inspection findings and feedback received from residents and relatives it was evident that the person in charge was visible, approachable and actively engaged in the governance, operational management and administration of the centre. The person in charge was a registered general nurse and evidence of her current registration with her regulatory body was in place. The person in charge continued to engage in ongoing professional development and recent education and training completed included train the trainer in both restraint and the management of behaviours that challenge, person centred approaches in dementia care, risk management and audit and fire safety training. The person in charge was familiar with each resident's individual requirements, was open to and reflected on the inspection findings at verbal feedback and articulated her ongoing commitment to regulatory requirements and continuous improvement.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of

Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
Inspectors saw that the records required under Schedules 2,3,4 and 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were all in place, were retrieved with ease for the purposes of inspection and were maintained in a secure, accurate and up to date manner. Policies and procedures were kept under review and each was signed as having been read and understood by individual staff members; overall and on balance practice was largely congruent with policy and deviations noted in end of life care and infection prevention and control are dealt with and actioned in those respective outcomes. There was documentary evidence that records pertaining to residents such as plans of care and financial records were accessible to residents. There was documentary evidence that the provider had effected a current contract of insurance against risk to residents and other risks.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge confirmed that she had not been absent from the centre for any period of time that required notification to the Authority; the person in charge was familiar with the notification requirements.

Suitable arrangements were in place for the replacement of the person in charge on a routine, planned or unexpected basis. There was an assistant director of nursing (ADON) in post with established experience of assuming responsibility for the centre in the absence of the person in charge. The person in charge and/or the ADON were as a general rule present in the centre on a daily basis; this was reflected in the staff rota and confirmed by staff spoken with.

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):
No actions were required from the previous inspection.

Findings:
Inspectors were satisfied that adequate measures were in place to protect residents from being harmed or suffering abuse. There was a policy in place that was reviewed every two years and was signed as read and understood by staff; there was an ongoing programme of staff education. Training records indicated that 22 staff had received refresher training on the detection, response to and management of abuse in June 2014; staff spoken with confirmed their attendance at training and were clear on their responsibilities, reporting mechanisms and actions to be taken to safeguard residents. The provider and the ADON were present in the centre daily and actively involved in the supervision of staff and the delivery of care. Staff spoken with said that there were no barriers to the reporting of any alleged or suspected abuse and they had every confidence that the provider would take appropriate safeguarding measures if necessary. Residents and relatives spoken with and surveyed reported feeling safe and secure in the centre.

The inspector was satisfied that accountable and transparent systems including appropriate verified records were in place for the management and safeguarding of residents' finances and other valuables.

There were policies in place and the provider and ADON had completed "train the trainer" programmes on the use of restraint and the management of behaviour that challenges. Staff in general had completed further education on person centred approaches in dementia care. Learning was reflected in the promotion of a restraint free environment in so far as was reasonably practicable; inspectors saw that the use of physical restraint was minimal. Staff spoken with were familiar with the residents,

potential antecedents and described appropriate interventions to manage behaviours that challenged; the interventions described were formalised in care plans seen by inspectors.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
While non-compliance was identified overall inspectors were satisfied that policies and procedures were in place that promoted and protected the health and safety of residents, staff and visitors to the centre.

The health and safety statement was centre specific and signed as implemented by the provider in September 2013. The risk management policy was incorporated into the safety statement and it outlined the procedure for the management of accidents and incidents and hazard identifications, assessment of risks and identified controls for work practices and areas throughout the designated centre. Inspectors were satisfied that overall, measures identified to control risks were implemented, however while a risk assessment was in place some but not all windows were found to be suitably restricted. The measures and actions in place to control the specified risk of abuse were not included in the risk register in line with revised regulatory requirements.

Access to high risk areas such as the laundry, sluice room and environmental hygiene facility were restricted; chemicals and other hazardous materials were seen to be stored in locked cupboards.

Written confirmation from a competent person that all the requirements of the statutory fire authority had been complied with was provided to the Authority with the application for renewal of registration. The fire register was well maintained and from it the inspector saw that there was documentary evidence that fire detection and fire fighting equipment was inspected and tested at the prescribed intervals most recently in June 2014. Training records for fire safety detailed both the scope of the training provided including practical simulated evacuation drills and staff attendance; training was provided on an annual basis most recently in June 2014. Staff spoken with confirmed their attendance at training and had adequate knowledge of the actions to be taken in the event of fire including the procedure for evacuation. The inspector saw that fire escape routes were clearly indicated and unobstructed and procedures were in place for the routine in-house inspection of fire safety precautions. The centre operated a no

consumption of tobacco policy and certificates of fire resistance for soft furnishings were available for inspection. Each resident's bedroom door was fitted with a foot release/electronic release door closure that facilitated leaving the door open without impinging on fire safety in the event of fire. However, while there was substantial evidence of good practice the inspector saw that;
• the actions to be taken in the event of fire were displayed only at the main reception
• the glass of one fire door was significantly cracked and
• there was no external ramp in place for one designated fire door that did not exit at ground level.

There was an emergency plan that identified emergency contact telephone numbers and the contingencies in place for responding to incidents such as the interruption of essential services and the safe relocation of residents in the event of evacuation of the centre; a generator was available on site.

Inspectors were satisfied that staff implemented safe manual handling practices. The appropriate equipment was available to staff,there was documentary evidence that hoists were serviced, and training was facilitated in house by a certified instructor. Each resident had a current manual handling assessment and plan that detailed the assistance and equipment required for their safety and comfort.

There was evidence of the implementation of infection prevention and control measures. The centre was visibly clean, environmental hygiene staff had a designated and clearly segregated facility that included a washing machine that was used for no purpose other than the laundering of hygiene equipment. Staff clearly understood the purpose of the colour coded system of cleaning; all staff had access to personal protective equipment including alginate bags for the management of soiled linen and described its proper use. However, not all procedures were consistent with the centres own infection control policy or the standards published by the Authority for the prevention and control of healthcare associated infections; the provider and senior nursing staff confirmed this. Inspectors were not satisfied that staff had the required hand hygiene facilities available to them in all identified high risk areas; all clinical risk waste was not disposed of in regulated clearly identifiable clinical risk waste bags and bins; staff training records did not demonstrate that staff had current/updated training on infection prevention and control. Prior to the conclusion of the inspection the provider had addressed the hand washing facilities deficit.
The management of accidents and incidents is discussed in Outcome 10.

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:
There were written policies and procedures in place relating to all aspects of medication management; the policy was signed as read and understood by staff and staff spoken with articulated a sound understanding of safe medication management practices. Staff training records indicated that in addition to the policy staff were supported by the provision of regular training facilitated by the pharmacist. The inspector saw that the management of controlled medications was in line with legislative requirements and procedures were in place for the safe verified disposal of unused or unwanted medication. Staff spoken with described supportive and collaborative working relationships with other stakeholders such as the General Practitioner (GP) and the pharmacist both of whom attended the centre on a weekly, monthly and quarterly basis to review residents' prescribed medications. Records were maintained of all such reviews including monitoring of therapeutic levels and the review of prescribed dosage.

However, while it was evident that there was a multidisciplinary system for the monitoring and review of medications, it was not clear that change or improvement were brought about as a result of the review and records relating to the monitoring of the use of psychotropic medication indicated that usage was static and consistent at approximately 60% of residents. Inspectors noted that where some psychotropic medication was prescribed to be administered on a PRN basis (medication that is not scheduled or required on a regular basis) it was administered on a regular basis and the daily nursing record did not at all times support and provide a clear rationale for the administration practice.This was discussed in detail at verbal feedback with the provider, ADON and senior nursing staff and they committed to again review current practice.

Judgment:
Non Compliant - Minor

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

Theme:
Safe care and support

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

Findings:
Records were maintained of incidents and accidents occurring in the centre and based on the records reviewed by the inspector the inspector was satisfied that all notifiable events had been notified to the Chief Inspector. Each record seen was detailed and satisfied the requirements of Schedule 3. Each event was reviewed by the ADON as it

occurred and again on a quarterly basis so as to identify and remediate any contributing factors or risks so as to prevent reoccurrence. Overall and on balance the review system was effective and a reduced incidence of falls was reported; a deficit identified has been discussed and actioned in Outcome 2.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
Overall inspectors were satisfied that residents healthcare requirements were met to a good standard. Staff spoken with said and there was documentary evidence that each resident's needs and preferences were comprehensively assessed prior to admission. Each resident had a plan of care devised and implemented within 48 hours of admission that was reflective of their assessed needs and reviewed and updated in line with their changing needs; there was documentary evidence that each review was conducted in consultation with the resident or their relative as appropriate. Each care plan while supported by evidence based risk assessments was also highly personalised. At the time of inspection three GP's attended to the medical needs of the residents, each visited the centre on a weekly basis and medical records supported that GP review was timely and responsive. There was evidence of referral and access to other healthcare in line with each resident's needs including physiotherapy, speech and language therapy, occupational therapy, neurology, psychiatry and chiropody. There was documentary evidence that where a resident refused treatment, refusal was respected, recorded and brought to the attention of the relevant GP for follow-up.

There was a reported low incidence of wound development and inspectors saw that risk of same was assessed regularly and appropriate preventative interventions including pressure relieving equipment and nutritional support were implemented. There was some lack of clarity in relation to access to tissue viability to support care and practice but inspectors were satisfied that this was satisfactorily addressed prior to the conclusion of the inspection. Similarly where a resident was assessed as at risk of falling or had a history of falls enhanced staff supervision and assistance was seen to be effectively implemented.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
The provider had invested significantly in the development of the premises in 2013 to enhance compliance with regulatory requirements but ultimately to enhance the quality of life for residents and staff in the centre; there was no increase in the number of residents accommodated as a result of the developments. The original premises was purpose built but the addition of a new ten bed extension enabled the provider to reduce the bed numbers in multi-occupancy bedrooms from four to two. The physical environment now provided for fifteen single bedrooms with en suite assisted toilet and wash-hand basin, one twin bedroom with en suite assisted toilet and wash-hand basin, five single bedrooms with wash-hand basin and three further twin bedrooms with wash-hand basin. Further developments included the provision of staff facilities, an extension to the catering facility, a new laundry, nurses' station and a dedicated environmental hygiene room. Inspectors saw all areas of the premises and were satisfied that it was designed and laid out to meet the needs of the residents and were substantially complaint 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.

Given the recent developments inspectors saw that the premises was in a good state of repair, visibly clean and suitably decorated. Evidence of compliance with statutory requirements relating to the Planning and Development Acts and any relevant building bye-laws was provided with the application for renewal of registration.

Residents were seen to be provided with the equipment necessary for their care and wellbeing and there was documentary evidence of the repair and maintenance of equipment.

Adequate private, communal and dining space was provided, there was a dedicated spacious room for receiving visitors and residents were seen to be assisted by staff to access the secure outdoor area. Adequate provision was made for general storage and personal storage for residents including the provision of a secure personal storage

space.

Adequate sanitary facilities in line with the number of residents' accommodated were available; the inspector saw that these were all universally accessible and conveniently located to bedrooms that were not en-suite and to the communal areas. There was documentary evidence that the water boiler and water temperature were inspected in October 2013. Adequate handrails and grab-rails were in place in circulation areas and sanitary facilities.

All laundry was undertaken on site including residents' personal laundry if they so wished. A new laundry room had been provided and the inspector saw that it was adequately equipped, clean tidy and organised, ventilated to the external area, had a dedicated hand wash basin and was sufficiently spacious to allow for the segregation of clean and soiled linen. There were dedicated well equipped sluicing facilities.

The kitchen was spacious, visibly clean and adequately equipped. Catering services were monitored by the relevant Environmental Health Officer (EHO) and inspection reports were made available for the purposes of this inspection.

The inspector was satisfied that the centre was on the day of inspection adequately heated, lighted and ventilated but found that the windows in the new extension were physically very difficult to open; the provider committed to address this.

Overall inspectors saw good practice in private areas in relation to ensuring that residents had access to their staff call bell. However, the inspector noted and staff confirmed that emergency call bells were not available in communal and dining areas used by residents.

Judgment:
Non Compliant - Minor

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
There were policies and procedures in place for the management of complaints; the procedure was prominently displayed in the main reception area and included the contact details and operation of the appeals process. There was no recent formal complaint record seen by inspectors and staff spoken with said that none had been received. Staff explained this in the context of interaction and communication with

residents and relatives on a daily basis in addition to a comprehensive assessment of each resident on admission and ongoing consultation on care planning. This would concur with the information received from residents and relatives who reported an on-going exchange of appropriate information between staff and relatives that addressed any areas of uncertainty or concern. No relative or resident spoken with or surveyed had had occasion to make a complaint but confirmed that they would be comfortable to do so if necessary.

Judgment:
Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
Prior to this inspection the provider had completed a self assessment questionnaire on both nutrition and end of life care as part of the thematic approach to inspections; the information submitted was used by inspectors to inform this inspection. There was a policy in place that promoted the pro-active assessment of and planning for end of life care from the time of pre-admission. Training records indicated that staff had attended a range of end of life education and training facilitated externally or in house by a staff member with a certificate in end of life care; further training was planned for the autumn. Staff spoken with confirmed that at the time of inspection no resident was in receipt of end of life care. Staff spoken with clearly described the provision of end of life care that was respectful and dignified, however, it was not evident from records reviewed or staff spoken with that consistently applied arrangements were in place, such as discussions between residents and staff or staff and relatives to elicit and record end of life needs, preferences and choices. This was discussed in detail at verbal feedback with the provider and senior nursing staff and it was acknowledged that practice was not reflective of the centres own policy and improvement was required in affording residents and families the opportunity to consider, discuss, communicate and formalise their end of life care plan.

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:
Inspectors were satisfied that residents' nutritional needs and requirements were met to a good standard. Practice was guided by policy and staff had received training on relevant areas including the application of a validated nutritional assessment tool, the management of dysphagia and nutrition in older age. Inspectors saw that meals were freshly prepared and cooked daily, that the menu was prominently displayed and offered choice and staff ascertained resident's individual preferences daily. There were formal systems of communication between catering staff and nursing staff on specific dietary requirements such as diet of a modified consistency, low-fat or sugar controlled diets; staff spoken with readily relayed this information.

Inspectors saw that the social dimension of meals were encouraged but some residents were facilitated to eat in their private accommodation if they so wished. There was adequate staff supervision and assistance where required was discreet and unhurried. Inspectors saw that residents enjoyed their food and were consulted at timely intervals as to the choice of meals provided. Processes were in place to ensure that residents did not experience poor nutrition or hydration through regular assessment, the completion of intake records and monitoring of body weight; intervention including GP referral and/or dietetic review was made as appropriate. Staff spoken with confirmed and there was documentary evidence that residents were referred and had access to other healthcare services as required including speech and language therapy and occupational therapy. Nutritional supplements were given only as prescribed but their use was minimised with an emphasis on the provision of diet that was nutritious and wholesome and in line with each resident's requirements.

Inspectors saw that residents had access to a range of fluids and snacks but it was recommended that the process in place to ensure adequate access to and consumption of fluids would be enhanced by the allocation of a designated staff member to this task on a daily basis.

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:
The provider and ADON were present in the centre daily and were obviously well known to residents. The majority of the residents and staff were of the local area and this contributed to the sense of community with the centre. Inspectors heard staff consulting with residents in relation to their needs and daily routines such as rising from bed, returning to bed for a period of rest or their meal preferences and choices. On a more formal basis a residents' forum was convened and both residents and relatives were invited to attend; residents were surveyed as to other aspects of life in the centre such as the provision of activities and the menu. The inspectors saw that there was no restriction on visiting and visitors attended the centre at various times throughout the inspection process; a designated visitors' room was available.

At the time of inspection all residents living in the centre were of Roman catholic belief, mass was said in the centre on a weekly basis and a group of residents said the rosary on a daily basis. Residents were facilitated to vote and there was documentary evidence that the local returning officer attended the centre.

Residents had access to and were seen to enjoy a range of local and national newspapers, televisions and radios. There was a dedicated activities co-ordinator who was suitably qualified and the inspector was satisfied and residents reported that opportunities for activity were meaningful, proportionate to the needs of the residents and informed by each resident's choices and hobbies. Staff understood a resident's choice to decline to participate and confirmed that this was respected. The inspector saw residents enjoy knitting, card playing and chair based exercises. Staff spoken with confirmed that links with local groups were encouraged particularly traditional music, dancing and sport. Relatives confirmed their attendance at parties convened in the centre and that residents were facilitated to retain both family and social contacts.

At the time of inspection residents did not have access to an independent advocacy service but prior to the conclusion of the inspection the provider confirmed that she had identified a suitable and willing person who was already known to the residents to undertake this role.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
There was a policy in place implemented in January 2013 outlining the centres procedures for the management and safeguarding of residents' personal property and possessions and the practice seen was compliant with the policy. The inspector saw that residents were facilitated to retain control over their personal property through the provision of adequate storage space that included the provision of segregated storage space for each occupant of shared bedrooms. There were adequate facilities and arrangements in place for the regular laundering and safe return of clothes to residents. As discussed in Outcome 12 a new well equipped laundry had been provided and the inspector was satisfied that staff spoken with with responsibility for the management of the laundry were diligent and fully aware of their responsibility to respect and safeguard resident property. This was reflected in the commentary received from residents and relatives.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
Based on their observations, staff spoken with and the review of staff rosters inspectors were satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of the residents and other factors such as the size and layout of the building. Inspectors saw that a good staff presence and supervision was maintained and staff were readily available to residents. There was a minimum of one nurse on duty at all times; there was a member of the management team on duty on a daily basis and a

designated member of staff identified as on call between 22:00hrs and 08:00hrs. A staff rota was maintained for all persons working in the centre.

The provider, ADON and senior nursing staff were seen to be visible, accessible, known to residents and relatives and actively involved in the supervision and monitoring of care and service delivery. In addition there was documentary evidence that staff received structured induction training on commencement of employment and there was a formal system of staff appraisal.

The inspector reviewed a sample of staff files and found that they were well presented and contained all of the documents specified in schedule 2. Evidence of their current registration with their regulatory body was in place for all nursing staff employed. However, persons not employed by the centre but who provided services to residents on a regular and consistent basis did not have their roles and responsibilities set out in writing; the ADON confirmed that Garda Síochána vetting had been sought but at the time of inspection had not yet been processed.

In the absence of an overall staff training matrix the inspector reviewed individual records of training completed and spoke with staff. Inspectors were satisfied that mandatory training requirements in manual handling, fire safety and protection were met and that staff had also undertaken further training in areas including medication management, dementia care including the management of behaviours that challenged, nutrition, dysphagia, end of life care and restraint. All care staff had completed Further Education and Training Awards Council (FETAC) education to level four or above. All staff spoken with were familiar with and knowledgeable of each resident's needs, care requirements and care plan. However, some gaps were identified in practice and it was not clear that specific training identified as necessary by the centres annual review was incorporated into the training plan. This has been discussed further in Outcome 8 in relation to infection control and Outcome 2.

Judgment:
Non Compliant - Minor

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	St. Dominic Savio Nursing Home
Centre ID:	OSV-0000450
Date of inspection:	02/07/2014
Date of response:	30/07/2014

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.

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:
It was not evident that improvement was at all times brought about as a result of the quality assurance monitoring process.

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 robust annual review will be carried out in accordance with regulation 23(d) to address all findings with outcomes discussed and changes implemented as appropriate.

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

Proposed Timescale: 31/03/2015

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:
While a risk assessment was in place for window openings the inspector saw that some but not all windows were suitably restricted.

Action Required:
Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
Suitable window restrictions will be fitted to all remaining windows not previously restricted.

Proposed Timescale: 30/10/2014

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The measures and actions in place to control the specified risk of abuse were not included in the risk management policy in line with revised regulatory requirements.

Action Required:
Under Regulation 26(1)(c)(i) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.

Please state the actions you have taken or are planning to take:
The Schedule 5 risk management policy with regard to abuse is currently under review.

Proposed Timescale: 30/09/2014

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:
Not all infection prevention and control procedures were consistent with the centres own infection control policy or the standards published by the Authority for the prevention and control of healthcare associated infections.

Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
Current practices and procedures with regard to infection control are now in keeping with the nursing homes infection control policy.

Proposed Timescale: 11/07/2014

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The glass of one fire door was significantly cracked and there was no external ramp in place for one designated fire door that did not exit at ground level.

Action Required:
Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
Discussed the above with the architect and builder with works to begin shortly.

Proposed Timescale: 31/12/2014

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The actions to be taken in the event of fire were displayed only at the main reception.

Action Required:
Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

Please state the actions you have taken or are planning to take:
A copy of the action to be taken in the event of fire is now displayed at the Nurses station in addition to the main reception

Proposed Timescale: 15/06/2014

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors noted that where some psychotropic medication was prescribed to be administered on a PRN basis (medication that is not scheduled or required on a regular basis) it was administered on a regular basis and the daily nursing record did not at all times support and provide a clear rationale for the administration practice.

Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
Greater diligence will be adhered to with regard to prescribed medication in general but with specific regard to PRN medication where greater clarity will be demonstrated in the nursing notes.

Proposed Timescale: 11/07/2014

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector noted and staff confirmed that emergency call bells were not available in communal and dining areas used by residents.

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:
Discussed the above with the Electrician with work to begin shortly to upgrade the call bell system.

Proposed Timescale: 31/12/2014

Outcome 14: End of Life Care

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was not evident from records reviewed or staff spoken with that consistently applied arrangements were in place, such as discussions between residents and staff or staff and relatives to elicit, discuss, communicate and record end of life needs, preferences and choices.

Action Required:
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:
Each residents care plan will include details of resident's wishes with regard to end of life care.

Proposed Timescale: 30/11/2014

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some gaps were identified in practice and it was not clear that specific training identified as required by the centres annual review was incorporated into the staff training plan.

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

Please state the actions you have taken or are planning to take:
We are currently reviewing staff training needs and formulating a staff training matrix.

Proposed Timescale: 30/12/2014

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Persons providing services to residents on a regular and consistent basis did not have their roles and responsibilities set out in writing.

Action Required:
Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

Please state the actions you have taken or are planning to take:
We will set out in writing the roles and responsibilities of persons providing services to residents on a regular and consistent basis.

Proposed Timescale: 31/10/2014