

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St. Dominic Savio Nursing Home
<b>Centre ID:</b>	OSV-0000450
<b>Centre address:</b>	Cahilly, Liscannor, Clare.
<b>Telephone number:</b>	065 708 1555
<b>Email address:</b>	desdemonasmith@hotmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Smith Hall Limited
<b>Provider Nominee:</b>	Desdemona Smith
<b>Lead inspector:</b>	Mary Moore
<b>Support inspector(s):</b>	Margaret O'Regan;
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	25
<b>Number of vacancies on the date of inspection:</b>	3

## **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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 20 May 2015 11:50 To: 20 May 2015 19:00

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

Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This inspection was the eight inspection of the centre by the Authority and was undertaken following the receipt of unsolicited information by the Authority.

The inspection was unannounced. Inspectors found the centre to be visibly clean, adequately heated, lighted and ventilated. Inspectors were satisfied that the number and skill-mix of staff on duty were as identified on the staff roster and were adequate to meet the needs of the residents.

There were 25 residents living in the centre on the day of inspection; three beds were vacant. Staff had assessed the needs of twelve residents as of high dependency and eleven as maximum.

The provider, person in charge and all staff spoken with articulated their commitment to the provision of safe care and services to the residents. There was evidence of this commitment in practice such as further upgrades to the physical environment externally and the recent provision of equipment to residents for their safety and comfort.

Inspectors observed care and practice and spoke with residents and staff. Based on their observations and the feedback received inspectors were satisfied that staff interacted with residents in a familiar but respectful manner; residents told inspectors that they felt safe in the centre and enjoyed the "banter" with staff; residents were clear that the latter was respectful.

Areas requiring improvement were identified to ensure that a reasonable balance was achieved between safety and independence and that care was at all times based on contemporary evidence based practice, specifically in relation to moving techniques in resident care (manual handling) and falls prevention strategies. The provider was also requested to review the security of the premises to ensure that residents were not exposed to any potential risks to their safety, privacy, rights and dignity from any unauthorised access.

**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 Quality Standards for Residential Care Settings for Older People in Ireland.**

***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:**

A log to record visitors to the centre was in place. However it was not prominently placed and on review inspectors saw that it was not consistently and accurately maintained. Staff spoken with confirmed this and also confirmed that all persons entering the centre were not always requested to record their details in the visitor's log.

**Judgment:**

Substantially 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 saw a comprehensive policy on the prevention, detection and response to

any alleged, suspected or reported abuse. Staff had signed as having read and understood the policy; a programme of staff training was in place and the majority of staff had received a training update in 2014/2015. Attendance at staff training was monitored by the person in charge.

Staff who spoke with inspectors confirmed that they had attended training, said that they had never heard or seen anything that could be construed as abusive, that there were no barriers to reporting any concerns and that the provider set a high standard for the care and services to be provided to residents. Residents told inspectors that they felt safe in the centre and enjoyed the company of staff.

There was a reported low-turnover of staff and this would concur with the observations of the inspectors as staff were familiar to them. Inspectors reviewed the records of two newly recruited staff members and were satisfied that they had been appropriately vetted.

Nineteen staff had attended very recent training on the management of behaviours that challenged.

The provider promoted a restraint free environment and each resident's right to autonomy and self-determination; staff confirmed that bedrails were in use for four residents for their safety while in bed. Staff articulated a clear understanding between a resident who may fall from bed and a resident who was at risk of falling having got out of bed and the increased risk that a bedrail may pose to the latter resident. There was evidence of the use of alternatives such as low-low beds.

There was a policy in place for the implementation of any restraint and the policy broadly reflected the principles of national policy. There was an assessment of the use of bedrails and documentary evidence to support discussion and agreement where bedrails were in use. However, inspectors recommended that a more detailed risk balancing assessment tool (as recommended in national agreed policy) that guided management and staff on the use and non-use of bed rails and was reviewed after each significant change in the resident's condition would enhance existing practice. The decision to continue to use (or not) the bed rail should then be recorded in the care plan.

**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:**

This was a compact service in a rural location where many of the residents and staff were from the local community. The provider sought to promote a homely and welcoming environment. Access to the centre was gained by the release of a switch at the main front door. However, inspectors were not satisfied that access was adequately restricted and supervised to ensure that residents were not exposed to any potential risks to their safety, privacy, rights and dignity from any unauthorised access.

Equipment seen by inspectors and confirmed in use by staff spoken with, confirmed that manual handling training and practice was not evidence based and that staff at times employed outdated equipment, manoeuvres or lifts to position residents. Staff also confirmed that they did not have available to them contemporary and safe devices such as transfer or handling belts and while they did have flat sheet sliding sheets at their disposal they were not in use at the time of inspection. The centre had recently acquired a sit to stand hoist. The inspectors requested at verbal feedback, and the provider committed to undertake as a matter of priority a review by a suitably qualified person of all manual handling training, practice and equipment to ensure that it was safe and in line with contemporary evidence based practice.

**Judgment:**

Non Compliant - Major

***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:**

Based on notifications submitted to the Authority inspectors reviewed falls prevention and management practice. Inspectors saw that staff sought to promote and respect

resident independence and the right to self-determination. Falls risk was objectively measured and re-evaluated following a fall; falls prevention care plans were in place. Accidents and incidents were reported, recorded and acted on. An audit of falls had been completed and corrective actions were taken including the provision of low-low beds.

However, inspectors concluded that both the audit and the care plans were limited in their sufficiency to address the particular challenges and risks posed by cognitive impairment and/or resident non compliance with the care plan. Falls prevention strategies and preventative care plans required a more holistic, contemporary evidence base to ensure that the risk of fall and injury was adequately addressed. For example the effects of medication or a residents known predisposition to infection were not referenced in the falls prevention care plan; where it was known that a resident was non compliant with wearing footwear, the use of interventions such as non slip socks had not been considered. Where a resident identified by staff as at high risk of falling and with a history of unsupervised falls, did not have the capacity to call staff or use the call-bell alternatives such as movement sensors or chair, bed or floor based pressure sensors were not in use to alert staff to resident movement and a possible fall.

**Judgment:**

Non Compliant - Moderate

***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:**

This inspection was unannounced; inspectors reviewed all areas of the premises and were satisfied that it was visibly clean, tidy and organised; adequately heated, lighted and ventilated. Dedicated staff were allocated on a daily basis to undertake environmental hygiene and a schedule of completed cleaning was maintained. Staff said that the standard of environmental hygiene was monitored on a daily basis by the provider. Inspectors were satisfied that the centre was free of any unpleasant or concerning odours both internally and externally. All staff spoken with including staff responsible for the maintenance of the premises and facilities confirmed to inspectors that adequate arrangements were in place to ensure that any maintenance issues were attended to promptly. Details were available to staff of persons to contact such as the electrician and plumber.



Inspectors saw that adequate facilities were in place for attending to the laundering of residents' personal clothing. Inspectors saw that residents personal grooming was of a good standard and attended to as required by staff.

**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):**

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

**Findings:**

A planned and actual rota was maintained. The provider and nominated person participating in the management of the centre were both employed in the centre on a full-time basis. The rota indicated they were either both or individually present in the centre on a daily basis including weekends. Staff attested to their presence and their monitoring of care and services provided to residents. Staff said that the provider always responded proactively to any unexpected staff absence and sought immediate replacement. There was no evidence available to inspectors that the numbers and skill mix of staff were not adequate to meet the needs of the residents. However, the provider confirmed that staffing levels and skill mix were not informed by an objective staffing tool or guidance that incorporated ratio, dependency levels and other factors such as the role of management. This was discussed with the provider by way of recommendation.

However, based on the findings of this inspection, evidence based training for staff was required in manual handling and falls prevention and management to ensure that care and practice was in line with contemporary evidence based practice.

**Judgment:**

Non Compliant - Moderate

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## 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:***

Mary Moore  
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 report<sup>1</sup>

<b>Centre name:</b>	St. Dominic Savio Nursing Home
<b>Centre ID:</b>	OSV-0000450
<b>Date of inspection:</b>	20/05/2015
<b>Date of response:</b>	23/06/2015

### 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 05: Documentation to be kept at a designated centre

#### Theme:

Governance, Leadership and Management

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

All persons entering the centre were not always requested to record their details in the visitor's log.

#### Action Required:

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

<sup>1</sup> 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 visitors book is highly visible and readily accessible to all people entering the nursing home, there is a notice strategically placed informing all people who wish to gain entry to the nursing home that there is a regulatory requirement that they sign in. This action is now included in our risk management.

**Proposed Timescale:** 23/06/2015

**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:**

Access to the centre was not adequately restricted and supervised to ensure that residents were not exposed to any potential risks to their safety, privacy, rights and dignity from any unauthorised access.

**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:**

We have engaged our electrician to fit an electronic key pad to achieve controlled access to the nursing home. This action is now included in our risk management policy.

**Proposed Timescale:** 31/07/2015

**Theme:**

Safe care and support

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

Manual handling training and practice was not evidence based.

**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:**

Out dated equipment has been removed from the centre, we now have a qualified in-house people moving and handling/manual handling instructor. We now have an ongoing training program in place. This action is now included in our risk management policy

**Proposed Timescale:** 23/06/2015

## 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:

Falls prevention strategies and preventative care plans required a more holistic, contemporary evidence base to ensure that the risk of fall and injury was adequately addressed.

### Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

A more holistic approach to falls prevention for residents at risk has been implemented and prevention strategies put in place and documented clearly in care plans. Falls prevention aids and devices are now in use.

**Proposed Timescale:** 23/06/2015

## Outcome 18: Suitable Staffing

### Theme:

Workforce

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

Evidence based training for staff was required in manual handling and falls prevention and management to ensure that care and practice was in line with contemporary evidence based practice.

### 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:

Staff education in manual handling and falls prevention is in progress and all staff will receive ongoing training in safe handling and falls preventions.

**Proposed Timescale:** 31/08/2015