

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St Paul's Nursing Home
<b>Centre ID:</b>	OSV-0000433
<b>Centre address:</b>	Dooradoyle, Limerick.
<b>Telephone number:</b>	061 228 209
<b>Email address:</b>	info@stpaulsnh.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Blockstar Limited
<b>Provider Nominee:</b>	Daveen Heyworth
<b>Lead inspector:</b>	Margaret O'Regan
<b>Support inspector(s):</b>	Paul Dunbar
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	56
<b>Number of vacancies on the date of inspection:</b>	0

## 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 to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 09 December 2014 11:45 To: 09 December 2014 16:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Major
Outcome 07: Safeguarding and Safety	Non Compliant - Major

**Summary of findings from this inspection**

This was a single issue inspection and focused on the management of resident finances. The inspectors reviewed policies, records pertaining to residents' accounts and spoke with management staff at the centre. Inspectors were not satisfied that practices adequately ensured that residents were protected from financial abuse. Documentation lacked accuracy and transparency. This is further discussed under Outcome 5 (documentation) and Outcome 7 (safeguarding). An immediate action plan was issued to address the lack of transparency and accuracy in the residents' accounts records. This report outlines the findings of the inspection and the actions to be addressed.

The subsequent provider's action plan response was unsatisfactory and the Health Information Authority requested a more detailed independent financial review. The provider facilitated this independent review. The review made a number of recommendations as to how transparency in the systems of handling resident finances could be improved.

**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):**

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

**Findings:**

A record was not maintained of all money received on a resident's behalf. For example, social welfare payment receipts were not available in the centre on the day of inspection for payments that were collected by an agent of the nursing home on behalf of residents. No written acknowledgement or record was available to show that this money was given to residents or used, at the request of the resident, on their behalf.

Invoices issued to residents and/or their representatives did not give the date which the expense was incurred. Neither did the invoice give clarity as to what items were purchased. For example, items purchased from a pharmacy on behalf of residents were not itemised nor were receipts available for them.

Records pertaining to services such as hairdressing and chiropody were recorded in a bound book and detailed the resident's name, date and cost of service. This was signed at the end of the month by the person who provided the service. However, it did not have the resident's signature or a staff member's signature on the record, to confirm that the service was provided.

The centre's practices with regard to the security of residents' accounts and personal property were not in adherence with the centre's own policy. The policy stated that "Where there is no other person available to be the resident's agent, this shall be undertaken by St Paul's Nursing Home. Where this occurs, St Paul's Nursing Home ensures that: records are kept of all incoming and outgoing payments". However, as outlined above no such records were maintained.

Overall, financial record keeping on behalf of residents was not accurate, complete or safe.

**Judgment:**  
Non Compliant - Major

***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:**

The procedures and practices in place around the management of residents' finances were unsafe and placed residents at risk of financial abuse. Comprehensive and complete records of financial transactions were not kept. In one instance, discrepancies were noted between the social welfare payments collected on behalf of a resident and the amount of money lodged in the resident's account (taking into account documented expenses incurred by the resident in the timeframe referred to).

Overall, the management, transparency and accuracy of residents' finances were wholly inadequate and as discussed in Outcome 5, was not in line with recognised best practice or with the centre's own policies.

**Judgment:**  
Non Compliant - Major

## 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:***

Margaret O'Regan  
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 Paul's Nursing Home
<b>Centre ID:</b>	OSV-0000433
<b>Date of inspection:</b>	09/12/2014
<b>Date of response:</b>	15/12/2014

### 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.

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:

Ensure that the records set out in Schedules 2, 3 and 4 are kept in the centre and are available for inspection.

#### 1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

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

the Chief Inspector.

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

- Effective immediately a record will be maintained in the residents' finance accountancy journal of all monies received on a resident's behalf.
- All entries in the finance journals will be signed off by two members of staff
- Copies of receipt of all monies received from social welfare for pensions and allowances will be maintained in the residents' accountants file.
- Those residents that have appointed an agent will sign receipt of their pension in the residents' finance accountancy journal and sign again for all debits made against their account. Where this is not possible two members of staff, not to include the agent, will sign all credits and debits on the resident account.
- Invoices issued to residents will now have the date, the service/item and the direct cost clearly identified and will be accompanied by a copy of the receipt from the service provider.

**Proposed Timescale:** 12/12/2014

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

The procedures and practices in place were not reasonable measures to protect residents from financial abuse. Comprehensive and complete records of financial transactions were not kept. For example, residents' department of social welfare payments were collected by an agent of the nursing home on behalf of a number of residents but no evidence was available to confirm the amount of payment collected.

In one instance, discrepancies were noted between the social welfare payment collected on behalf of a resident and the amount of money lodged in the resident's account (taking into account documented expenses incurred by the resident in the timeframe referred to).

**2. Action Required:**

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

Those residents that have appointed an agent will sign receipt of their pension in the residents finance accountancy journal and sign again for all debits made against their account. Where this is not possible two members of staff not to include the agent will sign all credits and debits on the resident account.

**Proposed Timescale:** 12/12/2014



