

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Paul's Nursing Home
Centre ID:	OSV-0000433
Centre address:	Dooradoyle, Limerick.
Telephone number:	061 228 209
Email address:	info@stpaulsnh.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Blockstar Limited
Provider Nominee:	Daveen Heyworth
Lead inspector:	Margaret O'Regan
Support inspector(s):	Paul Dunbar
Type of inspection	Unannounced
Number of residents on the date of inspection:	57
Number of vacancies on the date of inspection:	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 2 day(s).

The inspection took place over the following dates and times

From:	To:
26 August 2015 00:00	26 August 2015 00:00
28 September 2015 00:00	28 September 2015 00:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant

Summary of findings from this inspection

The purpose of this inspection was twofold. Firstly, to examine how the new governance and management arrangements were working; as since the previous inspection two nurses were appointed to management positions. The second focus was to follow up on matters which arose on the previous inspection around the management of resident finances.

The inspectors met with both new management staff. Inspectors reviewed records pertaining to residents' accounts and spoke with residents, staff, the person in charge, financial accounts personnel and the providers.

Inspectors were satisfied that the new management appointees were receiving ongoing support from the person in charge. Inspectors noted improved transparency in how resident finances were managed. Inspectors were provided with details of the new billing system which was due to be implemented by end of September 2015.

The report outlines the findings of the inspection.

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 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:

There were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. This was evidenced by the appointment of two persons to the nursing management staff, one which filled a new post and the other filling a vacant post. The newly appointed management staff were primarily responsible for leading and supervising clinical practice. Both new management staff members received ongoing coaching and mentoring from the person in charge. These appointments facilitated a more regular presence of management staff on weekend and night duty. The most experienced person deputised for the person in charge. Only one key management staff took leave at any given time. Cover for the person in charge was augmented by support from the provider nominee.

The management structure was clearly defined. Staff were able to identify the lines of authority and accountability. Staff confirmed to the inspector that they received good support, mentoring and supervision from the person in charge. They were clear in their views that the person in charge had high clinical care standards and closely monitored these standards. Staff expressed satisfaction in being associated with good standards.

The management systems in place helped to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. Regular audits of practices were conducted and where appropriate, changes were made. Residents were consulted through daily interactions between staff and residents. Consultation also took place through the residents' forum and through staff meetings.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

Following the last inspection (December 2014) the Health Information and Quality Authority requested an independent financial review of the management of resident finances. This review was facilitated by the provider and was undertaken in March and April 2015. Recommendations were made by the financial reviewer in order to improve the completeness, accuracy and transparency of financial systems and in particular the invoicing template. These recommendations were implemented in September 2015.

Residents, who previously had their social welfare payments collected in cash by an agent from St Paul's Nursing Home, now had these benefits paid directly into the Nursing Home bank account. Residents had given written consent for this.

Inspectors saw a sample of the new resident invoices. The system was due to be operational by 30th September 2015. It stated the amount of payment received that month from the resident or his/her family. These invoices stated the extra amounts payable for additional services such as chiropody, pharmacy or hairdressing. The invoice stated the amount of payment received from the nursing home support scheme (Fair Deal). The person responsible for issuing invoices was in the process of receiving training in the new accounts system.

Documentation was available to confirm the amount of Fair Deal payments residents received. There was also a receipt book for cash or cheques received. The ambiguity that previously was in place around invoice numbers was removed with the new system. Each resident was identified by the number issued to them from the nursing home support scheme. Each resident had an electronic folder of each months invoices. A printed copy of the monthly invoice was also issued to residents or their families.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

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

Findings:

The specific matters identified on the last inspection in relation to discrepancies in resident finances had been addressed. No financial discrepancies were noted on this inspection.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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 report¹

Centre name:	St Paul's Nursing Home
Centre ID:	OSV-0000433
Date of inspection:	26/08/2015
Date of response:	06/10/2015

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.

Theme:

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

1. Action Required:

Under Regulation you are required to:

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

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

Proposed Timescale: