Health Information and Quality Authority  
Social Services Inspectorate  

Regulatory Monitoring Visit Report  
Designated centres for older people  

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>0289</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>St Louis Nursing Home</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Clonmore</td>
</tr>
<tr>
<td></td>
<td>Tralee</td>
</tr>
<tr>
<td></td>
<td>Co Kerry</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>066-7121891</td>
</tr>
<tr>
<td>Fax number:</td>
<td>066-7191150</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:nhstlouis@eircom.net">nhstlouis@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>☑ Private  ☐ Voluntary  ☐ Public</td>
</tr>
<tr>
<td>Registered providers:</td>
<td>Yvonne Maher</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Shirley Knight</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>23 September 2010</td>
</tr>
<tr>
<td>Time inspection took place:</td>
<td>Start: 08:00hrs Completion: 16:30hrs</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Col Conway</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>☐ Announced  ☑ Unannounced</td>
</tr>
</tbody>
</table>
| Purpose of this inspection visit | ☐ Application to vary registration conditions  
| | ☐ Notification of a significant incident or event  
| | ☐ Notification of a change in circumstance  
| | ☐ Information received in relation to a complaint or concern  
| | ☑ Regulatory Monitoring Visit Report |
About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Additional inspections take place under the following circumstances:
- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- for centres that have not previously been inspected within a specific timeframe, a one-day regulatory monitoring visit may be carried out to focus on key regulatory requirements.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.
About the centre

Description of services and premises

St Louis Nursing Home is a two-storey building with accommodation for residents being provided on the ground floor only. Continuing, convalescent and respite care is provided for up to 28 residents. The person in charge informed the inspector that at the time of inspection there were nine residents diagnosed with dementia.

Accommodation consists of 15 single rooms, three of which have en suite facilities containing a wash-hand basin, toilet and shower, two twin rooms and three three-bedded rooms.

Additional to en suite facilities there are two separate communal shower rooms that each include an assisted shower, toilet and wash-hand basin, one communal toilet with a wash-hand basin and one communal bathroom that includes an assisted bath, toilet and wash-hand basin.

Communal space consists of a sitting room, a dining room and an internal smoking room.

There are two enclosed garden areas which are accessed from within the centre. To the front of the building there is car parking space.

Location

St Louis Nursing Home is located in the centre of Tralee town, next to the county library and close to the town gardens.

<table>
<thead>
<tr>
<th>Date centre was first established:</th>
<th>1992</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents on the date of inspection</td>
<td>25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dependency level of current residents</th>
<th>Max</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents</td>
<td>0</td>
<td>6</td>
<td>12</td>
<td>7</td>
</tr>
</tbody>
</table>
Management structure

Yvonne Maher is the Registered Provider. The Person in Charge is Shirley Knight and at the time of inspection she had been in the post for two weeks. The Person in Charge is supported in her role by an assistant nurse manager. Nursing and care staff report to the Person in Charge and cleaning, catering, administrative and maintenance staff report to the Registered Provider.

<table>
<thead>
<tr>
<th>Staff designation</th>
<th>Person in Charge</th>
<th>Nurses</th>
<th>Care staff</th>
<th>Catering staff</th>
<th>Cleaning and laundry staff</th>
<th>Admin staff</th>
<th>Other staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff on duty on day of inspection</td>
<td>1</td>
<td>2*</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

* 1 assistant nurse manager and 1 staff nurse
Summary of findings from this inspection

This was the first inspection of St Louis Nursing Home carried out by the Health Information and Quality Authority and it was an unannounced monitoring inspection. The inspector spoke with residents, staff, the person in charge and the provider, observed work practices and reviewed operational policies including general health and safety documents, staff rosters and some medical and nursing care records.

There was evidence that residents received an adequate standard of care. There was an adequate number of staff on duty and they were knowledgeable about residents’ individual health needs. The premises were overall adequately maintained. However, improvements were required in relation to:

- the review of medicines
- training of staff
- layout of the premises
- development of key documents
- incident and complaints management
- provision of meals.

The Action Plan at the end of this report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Comments by residents

The inspector spoke with various residents throughout the day of the inspection and all the residents indicated that they were satisfied overall with the care they received and they all said the staff treated them with kindness. One resident commented on how much she liked her bedroom and in particular how she enjoyed the view of the garden from her bed. She also spoke highly of the staff in the way in which they treated her and how well they looked after her clothes. She stated, “they [staff] always have time for me”.

Another resident spoke about how he appreciated being able to spend time alone in his own room when he wanted quiet time and he stated, “they [staff] just let me be”. He also highlighted, “the staff are friendly and always coming in for a chat”.

Other residents confirmed they had access to their general practitioners (GPs) and they enjoyed “events” that went on in the sitting room, such as, music, story telling and prayers.
Governance

Article 5: Statement of purpose

There was an incomplete statement of purpose and function document available as it was in draft form and did not meet all of the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (amended).

Article 15: Person in charge

The person in charge is full time and works Monday to Friday as does the assistant nurse manager. The provider and the person in charge informed the inspector that the assistant nurse manager is available to cover in the absence of the person in charge.

Article 16: Staffing

The inspector observed that on the day of inspection the number of staff and the skill mix were sufficient to meet the assessed needs of residents. There was written evidence that staff had received manual handling training.

In the personnel files that were reviewed by the inspector, there was evidence of Garda Síochána vetting and current registration details were available for all nursing staff. However, there were not three written references for all staff.

The provider informed the inspector that five of the 12 carers had completed a relevant Further Education and Training Awards Council (FETAC) Level 5 care assistant programme. Two of the carers with whom the inspector spoke confirmed their own attendance, however, copies of these qualifications were not held on their files. While the provider and the chef on duty informed the inspector that catering staff had received Hazard Analysis Critical Control Point (HACCP) training, copies of these qualifications were not on their personnel files.

While the person in charge and assistant nurse manager were booked to undertake a short course in dementia care in the immediate future, the provider confirmed there had been no ongoing education and training for staff in relation to care of the older person.

Article 23: Directory of Residents

A written directory of residents was maintained, however, it did not include all of the requirements of Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (amended).
**Article 31: Risk Management Procedures**

There was a written risk management policy that identified current hazards and risks and there was also a written emergency plan that outlined the plans for evacuation, and both of these documents were available to staff. However, controls were not put in place to reduce the risk of cross contamination as there was unrestricted access to the kitchen. Staff were seen by the inspector entering and exiting the kitchen throughout the day and the chef confirmed this was usual practice.

The inspector read the incident log and there was a written record of incidents and accidents maintained, however, there was no evidence of any analysis of incidents and this was confirmed by the provider.

**Article 39: Complaints**

There was a current written complaints policy and procedure, the complaints procedure was displayed at the front entrance to the centre and a copy of the procedure was also attached to the back of the door in residents’ bedrooms. There was a complaints record book; however, there was no evidence that complaints had been recorded in the book on an ongoing basis.

**Article 36: Notification of incidents**

Notifications of all incidents had not been issued to the Chief Inspector as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).
**Resident Care**

**Article 9: Health Care**

Medical records read by inspectors confirmed that residents had regular access to GP’s. There was written evidence and the person in charge confirmed that residents also had access to allied health services such as physiotherapy, chiropody, speech and language therapy and a dietician. There was also documented evidence in care records of referrals being made.

**Article 33: Ordering, Prescribing, Storing and Administration of Medicines**

The inspector observed a nurse administering medications to residents and this was carried out in accordance with professional nursing guidelines. However, there was evidence on the medicine prescriptions that not all residents had their medicines reviewed at least every three months as part of the overall medical care plan review.

**Article 6: General Welfare and Protection**

There was a written policy on the prevention, detection and response to elder abuse and it was available for staff. However, the provider and person in charge confirmed that elder abuse training had not been provided to staff.

**Article 20: Food and nutrition**

There was evidence that residents’ dietary needs were communicated to the catering staff by nursing staff as the inspector read individual resident’s preferences and requirements in an information folder in the kitchen.

Residents had access to fresh drinking water. However, there was evidence that the food provided for residents was not varied as the cook confirmed that whilst there was a seven day rotating menu; it had not been changed in over six months.
Environment

Article 19: Premises

Overall there was a good standard of cleanliness, appropriate waste management processes were implemented and general maintenance was adequate with furniture, beds, curtains, lighting and flooring in good condition.

Residents had sufficient storage in their bedrooms for their personal belongings and bedrooms were personalised. There was an adequate amount of assisted toilets and washing facilities.

While the space in the communal sitting room was adequate for the number of residents, there was no separate room which provided residents with adequate space for quiet time or for them to meet visitors in private.

Laundry services were provided by an external company and while there was a laundry room, the layout did not allow for adequate segregation of clean and dirty laundry.

There was an internal smoking room with natural ventilation; however, the ventilation was inadequate.

Article 32: Fire Precautions and records

Means of escape were unobstructed and fire equipment was seen throughout the centre and records showed that fire alarms, emergency lighting and fire equipment had been tested within the previous 12 months. While staff stated that they had recently attended fire safety training and this was confirmed by written records, the provider confirmed that there were not frequent fire drills.
**Closing the visit**

At the close of the inspection visit a feedback meeting was held with the provider, person in charge, assistant nurse manager and an administrative staff member, to report on the inspectors’ findings, which highlighted both good practice and where improvements were needed.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

*Report compiled by:*

Col Conway
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

22 October 2010
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre:</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>St Louis Nursing Home</td>
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<tr>
<td>Date of inspection:</td>
<td>23 September 2010</td>
</tr>
<tr>
<td>Date of response:</td>
<td>23 November 2010</td>
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</tbody>
</table>

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

1. The provider has failed to comply with a regulatory requirement in the following respect:

There was no written evidence that residents’ medications were reviewed at least every three months.

Action required:

Ensure all residents’ medications are reviewed at least every three months.

Reference:

Health Act 2007
Regulation 6: General Welfare and Protection
Standard 15: Medication Monitoring and Review
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td>October 2010</td>
</tr>
<tr>
<td>Both general practitioners and the pharmacist are invited to participate in resident review which is now ongoing.</td>
<td></td>
</tr>
</tbody>
</table>

2. **The provider has failed to comply with a regulatory requirement in the following respect:**

There were no regular fire drills.

**Action required:**

Ensure by means of fire drills and practices at suitable intervals, that the persons working at the designated centre and, insofar as is reasonably practicable, residents are aware of the procedure to be followed in the case of fire, including the procedure for saving lives.

**Reference:**

- Health Act 2007
- Regulation 32: Fire Precautions and Records
- Standard 26: Health and Safety

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td>October 2010</td>
</tr>
<tr>
<td>New fire management system installed and completed by end of October 2010.</td>
<td></td>
</tr>
<tr>
<td>Staff training and commencement of fire drills to start the first Wednesday of December 2010.</td>
<td>1 December 2010</td>
</tr>
</tbody>
</table>

3. **The provider has failed to comply with a regulatory requirement in the following respect:**

Staff were not provided with elder abuse training.
**Action required:**

Make all necessary arrangements for training of staff, aimed at preventing residents being harmed or suffering abuse.

**Reference:**

Health Act 2007  
Regulation 6: General Welfare and Protection  
Standard 8: Protection

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

| Timescale: |  
|---|---|
| Provider's response: |  
| Staff training in elder abuse commenced 15 November and 16 November 2010. | Completed |

**4. The provider is failing to comply with a regulatory requirement in the following respect:**

The statement of purpose and function does not contain all of the information that is required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Action required:**

Provide a written statement of purpose and function that includes all of the information listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Reference:**

Health Act 2007  
Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

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

| Timescale: |  
|---|---|
| Provider’s response: |  
| The statement of purpose and function is being amended with our public relations company. | January 2011 |
5. The provider has failed to comply with a regulatory requirement in the following respect:

There were no arrangements for the investigation and learning from serious or untoward incidents or adverse events involving residents.

**Action required:**

Put in place arrangements for the investigation and learning from serious or untoward incidents or adverse events involving residents.

**Reference:**

- Health Act 2007
- Regulation 31: Risk Management Procedures
- Standard 30: Quality Assurance and Continuous Improvement

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

<table>
<thead>
<tr>
<th>Provider’s response:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical audit training now undertaken by person in charge and assistant manager.</td>
<td>Completed October 2010</td>
</tr>
<tr>
<td>Adverse incident audit to commence.</td>
<td>15 November 2010</td>
</tr>
<tr>
<td>Risk assessment training to be completed by all staff.</td>
<td>January 2011 and February 2011</td>
</tr>
</tbody>
</table>

6. The provider has failed to comply with a regulatory requirement in the following respect:

There was no written record kept of all complaints, any actions taken and the outcomes.

**Action required:**

Ensure that a record of all complaints, detailing the investigation and outcome of the complaint, and whether or not the resident was satisfied is kept. Such records shall be in addition to and distinct from a resident’s individual care plan.
| Reference: | Health Act 2007  
Regulation 39: Complaints Procedures  
Standard 6: Complaints |
<table>
<thead>
<tr>
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<th></th>
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<tbody>
<tr>
<td><strong>Please state the actions you have taken or are planning to take with timescales:</strong></td>
<td><strong>Timescale:</strong></td>
</tr>
</tbody>
</table>
| Provider’s response:  
Record of complaints, action taken and outcomes now in place as per the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. | October 2010 |

<table>
<thead>
<tr>
<th><strong>7. The provider has failed to comply with a regulatory requirement in the following respect:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>There was no evidence of an education and training programme for staff in areas specific to the older person and dementia in order to enable provision of care in accordance with contemporary evidence based practice.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Action required:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide access to relevant education and training for staff.</td>
<td></td>
</tr>
</tbody>
</table>

| Reference: | Health Act 2007  
Regulation 17: Training and Staff Development  
Standard 24: Training and Supervision |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Please state the actions you have taken or are planning to take following the inspection with timescales:</strong></td>
<td><strong>Timescale:</strong></td>
</tr>
</tbody>
</table>
| Provider’s response:  
Staff training plan now in place and all staff expected to complete older person and dementia specific training. | March 2011 |
### 8. The person in charge had failed to comply with a regulatory requirement in the following respect:

Residents were not provided with food that was varied as the menu had been the same for six months.

**Action required:**

Ensure that residents are provided with food that is varied.

**Reference:**

Health Act 2007  
Regulation 20: Food and Nutrition  
Standard 19: Meals and Mealtimes

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

<table>
<thead>
<tr>
<th>Provider's response:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen consultancy completed.</td>
<td>September 2010</td>
</tr>
<tr>
<td>New menu plan devised in conjunction with residents and consultant. A four-weekly system commenced and individual daily requests continue to be catered for.</td>
<td>1 November 2010</td>
</tr>
</tbody>
</table>

### 9. The provider has failed to comply with a regulatory requirement in the following respect:

A comprehensive risk management policy was not implemented in the centre as all staff had unrestricted access to the kitchen.

**Action required:**

Ensure comprehensive risk management procedures are implemented in the centre.

**Reference:**

Health Act 2007  
Regulation 31: Risk Management Procedures  
Standard 26: Health and Safety
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider's response:</td>
<td></td>
</tr>
<tr>
<td>Risk assessment reviewed and new kitchen and laundry procedures in place. Further risk assessment strategies implemented.</td>
<td>Completed 1 November 2010</td>
</tr>
<tr>
<td>Staff training in infection control to commence.</td>
<td>15 December 2010</td>
</tr>
</tbody>
</table>

10. The provider has failed to comply with a regulatory requirement in the following respect:

The centre lacked:
- suitable facilities for residents to meet their visitors in private
- adequate laundry facilities
- suitable ventilation in the smoking room.

**Action required:**

Provide suitable facilities for residents to meet visitors in communal accommodation and, in so far as is practicable, a suitable private area which is separate from the residents’ own private rooms.

**Action required:**

Provide adequate laundry facilities.

**Action required:**

Provide suitable ventilation in the smoking room

**Reference:**

- Health Act 2007
- Regulation 13: Clothing
- Regulation 19: Premises
- Standard 25: Physical Environment
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider's response:</strong>&lt;br&gt;Smoking room moved to room with electrical ventilation in place.</td>
<td>October 2010</td>
</tr>
<tr>
<td>New flow system in place in laundry area.</td>
<td>October 2010</td>
</tr>
<tr>
<td>Restructuring of private visiting areas under consultation with architect.</td>
<td>November 2010 and ongoing.</td>
</tr>
</tbody>
</table>

**11. The provider is failing to comply with a regulatory requirement in the following respect:**

Three written references and the details and documentary evidence of any relevant qualifications or accredited training were not available for all staff.

**Action required:**

Provide the required documents for every staff member as specified in Schedule 2 of the regulations.

**Reference:**

- Health Act 2007
- Regulation 18: Recruitment
- Standard 22: Recruitment

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider's response:</strong>&lt;br&gt;New employee record system now in place as in accordance with Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).</td>
<td>Completed October 2010</td>
</tr>
</tbody>
</table>

**12. The provider has failed to comply with a regulatory requirement in the following respect:**

The directory of residents did not include all of the required information.
**Action required:**

Ensure that the directory of residents includes all of the required information.

**Reference:**

Health Act 2007  
Regulation 23: Directory of Residents  
Standard 32: Register and Residents’ Records

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
</table>
| Provider's response:  
All new resident information entered correctly and information regarding residents admitted between 2003 and September 2010 underway. | February 2011 |

**13. The person in charge has failed to comply with a regulatory requirement in the following respect:**

The required written notifications were not provided to the Authority.

**Action required:**

Provide written notifications to the Authority.

**Reference:**

Health Act 2007  
Regulation 36: Notifications of Incidents  
Standard 26: Health and Safety

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
</table>
| Provider's response:  
Since commencing her post in September 2010 the person in charge, Shirley Knight has provided all the required information in a timely manner and in full. | 13 September 2010 |
Any comments the provider may wish to make:

Provider’s response:

We would like to take this opportunity to thank the inspector for her frank and honest assessment of our establishment. We welcome the Health Information and Quality Authority into the nursing environment at any given time and find the feedback given to be very helpful. We also hope that on return the inspectors will note the improvements made and those that are ongoing. We are striving to ensure St Louis Nursing Home is a homely welcoming environment for all our residents and their families whilst providing the highest standard of care.

Provider’s name: Yvonne Maher

Date: 23 November 2010