<table>
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<th>St Columban’s Nursing Home</th>
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<tr>
<td>Centre ID:</td>
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<tr>
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<tr>
<td></td>
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</tr>
<tr>
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<tr>
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<td>0404 67364</td>
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<td>Email address:</td>
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<td>Registered provider:</td>
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<tr>
<td>Person in charge:</td>
<td>Teresa Brolly</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>27 April 2010</td>
</tr>
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<td>Time inspection took place:</td>
<td>Start: 09:00 hrs</td>
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<td></td>
<td>Completion: 18:45 hrs</td>
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<tr>
<td>Lead inspector:</td>
<td>Angela Ring</td>
</tr>
<tr>
<td>Support inspector:</td>
<td>Aileen Keane</td>
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About 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, Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2010 and the National Quality Standards for Residential Care Settings for Older People in Ireland under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required - this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required - this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

Registration inspections are part of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration six months prior to the time the provider wishes to commence.
In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the Regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.
About the centre

Description of services and premises

The centre is within the St Columban's Sisters Convent which stands on extensive landscaped grounds. All of the residents are retired Missionary Sisters of St Columban's, most of whom are quite independent with a small number of residents requiring assistance with personal care due to dementia. The centre adjoins the residence of the community sisters in the convent and residents are encouraged and supported to join the community sisters for prayer, meals and other activities. The community sisters are frequent visitors to the residents and provide daily assistance and companionship.

The centre consists of three floors and the first and second floor are serviced by a lift. The accommodation consists of 23 single rooms, two with an en suite toilet, and in addition there are seven toilets and four bathrooms, three of which are wheelchair accessible. There is a residents’ dining room and day-room on the ground floor with access to the garden and two sitting rooms on the first floor. The residents can also use the sitting rooms, dining room and library in the main convent.

Location

The centre is located close to Brittas Bay, 7 km from County Wicklow.

Date centre was first established: 1 March 1996
Number of residents on the date of inspection 22
Number of vacancies on the date of inspection 1

Dependency level of current residents | Max | High | Medium | Low
--- | --- | --- | --- | ---
Number of residents | 0 | 6 | 7 | 9

Management structure

The management committee is made up of four Directors, Sr. Ita Mc Elwaine, Sr. Patricia Quigley, Sr. Anne Foley and Sr. Sheila Crowe. Sr. Ita Mc Elwaine is the nominated Provider and the other Directors are involved in finance, human resources and administration. Teresa Brolly is the Person in Charge and the nursing and care staff report to her. Elizabeth Boyd is the Manager of catering, housekeeping and maintenance.
<table>
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<th>Staff designation</th>
<th>Person in Charge</th>
<th>Nurses</th>
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Summary of findings from this inspection

This was an announced registration inspection and the first to be carried out by the Health Information and Quality Authority’s (the Authority) Social Service Inspectorate. As part of the registration process the provider has to satisfy the Chief Inspector that she is a fit person and that she will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The inspectors carried out separate fit person interviews with the provider and the person in charge, who had completed the fit person self assessment document in advance of this visit and had implemented some positive changes as a result. All of this information was reviewed by the inspectors, in addition to the information provided in the registration application form and supporting documents.

The provider and person in charge were committed to meeting the requirements in the Health Act 2007 (Care and Welfare of Residents in Designated Centre’s for Older People) (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Inspectors found that the care given to residents was of a high quality and that their needs were met in a person-centred way. Many of the residents completed their training in this convent and several of them spent years working together in China, Chile, Hong Kong and the Philippines. As a result the residents knew the centre very well and were familiar with many of the other residents and community sisters in the convent. This has assisted them to settle into the centre and many describe the order as their family and the convent as their “mother home”.

Inspectors noted that many of the residents actively contributed to the running of the centre and the staff encouraged their participation. Most had daily responsibilities and tasks to complete such as working in the laundry, watering plants, assisting in the kitchen and answering the phone. Many of the residents said their contribution was an important aspect of their lives.

Many of the residents continued to live their lives as they would if they were residing in the convent. Independence was encouraged in all aspects of daily living with some residents continuing to drive and others taking responsibility for their medication. The staff had attended several training sessions on topics such as understanding dementia and good nutrition and the residents were also invited to attend these training sessions.

There were some areas for improvement identified by the inspectors, which are addressed in the action plan at the end of the report. These include the size of the bedrooms, medication records, care planning, risk management and the documentation required in staff files.
Comments by residents and relatives

The inspectors received 16 completed questionnaires from residents and their relatives prior to the inspection and the inspectors also met several residents and a relative during the inspection.

The residents were all very positive about all aspects of care; they all agreed that there was adequate staff on duty during the day and at night. The staff were praised by both residents and relatives; they were described as being respectful, approachable, attentive and friendly. They complimented the food, with one resident describing it as delicious. The residents said they felt safe and their health needs were met. They also said there was flexibility in their daily routine and they had plenty to do to keep them busy during the day.

Relatives said that they were always kept informed of their family member’s condition and were always made feel welcome when they visited. In relation to complaints, the relatives and residents said they never had reason to complain but would speak to the provider if they had an issue of concern. The provider was identified by many of the residents and relatives as having good listening skills and great empathy.
Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the Regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

The provider and person in charge demonstrated a good understanding of their responsibilities as outlined in the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2009 (as amended) and National Quality Standards for Residential Care Settings for Older People in Ireland. The fit person entry programme was completed to a high standard with goals identified for further improvements. The provider and person in charge worked full-time and were very committed to providing high quality person-centred care to the residents as they had in-depth personal knowledge of each resident and her specific needs. The provider stated that she was confident that the person in charge was capable of dealing with all aspects of service delivery to residents. Inspectors found that the person in charge was appropriately qualified and experienced.

The provider explained the Order’s philosophy on residents’ personal finances to inspectors. To summarise, finances were pooled together and all items and clothing were purchased when required. This was in keeping with the ethos of the Order and religious life. The provider told inspectors that she receives a yearly budget to manage the centre and additional funding is available for unforeseen circumstances.

The staff and residents were aware of the management structure and there was clear plan to cover for the person in charge with a senior staff member on call at evenings and weekends.

The statement of purpose, Residents’ Guide and contract of care were reviewed by inspectors and were found to comply with the requirements in the Regulations. The directory of residents was updated to include the recent transfer and return of a resident from hospital and there was an up to date insurance certificate. The safety statement was developed in March 2010 and identified the environmental risks in the centre and the risk rating associated with each risk. The staff were aware of it and they told inspectors that it was discussed with them during informal training sessions.
Inspectors reviewed the most recent incidents and accidents which were recorded on a pre-determined template, the outcome of each incident for the resident and the actions taken to prevent its reoccurrence were recorded. The person in charge explained that she discussed each incident with the staff to ensure that all precautions were implemented.

Inspectors found that the procedures in place for preventing, detecting and responding to fire were satisfactory. The provider was the fire warden and she explained that they were in the process of installing a new fire alarm system. The staff were aware of the procedures to follow in the event of fire and said they attended monthly fire drills. There were records to indicate that there were recent checks of fire alarms and fire equipment and confirmation of compliance from a suitably qualified person. There were also records to indicate that the majority of staff had attended training on fire prevention and procedures. The residents were encouraged to attend the training and fire drills to ensure that they also knew the procedures to follow in the event of fire.

Inspectors viewed the complaints log and found that it contained three minor verbal complaints, all of which were addressed in a timely and satisfactory manner by the person in charge. The complaints policy was updated to comply with the requirements in the Regulations with a nominated person to deal with complaints and an independent appeals process.

**Some improvements required**

There was no collection of data or auditing taking place for the purposes of continuous quality improvement. This was a lost opportunity to learn from adverse events and audits on other issues as outlined in the standards, to prevent further occurrences, reduce risks to residents and improve their quality of care.

**Significant improvements required**

The risk management policy did not contain the information required to meet the Regulations as it did not address the precautions in place to control the risks such as accidental injury to residents and staff, assault and self harm and the risks associated with residents using the laundry.

Inspectors found that there was a step up to the external fire exit stairs on the first and second floor which would make it difficult for dependent residents to access.
2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Inspectors reviewed the policy which addressed the residents’ rights which included the right for privacy and dignity, the right to information, the right for choice, the right for safety and the right to complain. The policy also detailed the responsibilities of the residents, such as providing necessary information to staff and following suggested treatment. Inspectors found that this policy was carried out in practice by staff and residents and that this approach was empowering for residents.

The residents and staff told inspectors that there was flexibility around the daily routine and they could decide when to get up and go to bed. Residents told inspectors that staff were always aware of their need for privacy and knocked on their bedroom door and waited for a response prior to opening the door. Two of the residents continued to drive which promoted their sense of independence and autonomy. Other residents were responsible for washing their own clothes in the laundry and they assisted at meal times.

Inspectors noted that in addition to the many religious ceremonies available for residents which met their spiritual needs, there were other activities on offer. Inspectors saw residents participating in exercises to music which was led by a resident, reading newspapers, playing cards, doing crosswords, listening to music and walking in the grounds. Some residents had their own laptops in their bedrooms and others used the computer in the library.

Inspectors observed the community sisters spending time reading and chatting to the more dependent residents during the day which prevented the residents from becoming isolated. This helped to maintain their orientation and keep them informed of current affairs.

Residents were given the option of having their meals in the dining room in the centre or the main dining room in the convent. Inspectors spent time in both dining rooms during mealtimes and joined the residents for lunch in the main dining room. There was a good choice available and the food was hot and nutritious and special diets were well catered for. Inspectors observed the staff being respectful and helpful to the residents and they encouraged their independence at all times. Some residents used assistive cutlery specially designed to allow them to eat.
independently. The tables were nicely set in both dining rooms and there was fresh fruit and drinks available. Residents who ate in the main dining room were able to serve themselves and were assisted to clear away the tables once the meal finished. Inspectors found that this was another example of the residents’ independence and autonomy being promoted and residents said it gave them a sense of purpose and fulfilment.

**Significant improvement required**

Inspectors found that even though the staff said they received training on the prevention, detection and response to elder abuse, their level of knowledge was not sufficient to appropriately respond to an allegation of abuse to a resident.
3. Healthcare needs

Outcome: Residents’ healthcare needs are met.

Healthcare is integral to meeting individual’s needs. It requires that residents’ health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Inspectors found that there was good links maintained with the general practitioner (GP) practice in the local area and there was a rota for cover at weekends. A review of the residents’ medical files showed that each resident was reviewed on a monthly basis by the GP. The residents told inspectors that the staff contacted the doctor when necessary and they were satisfied that their healthcare needs were met. Inspectors noted that residents’ health was well monitored as their weight, blood pressure and urine analysis was recorded monthly and abnormalities were reported to the GP promptly. There were no residents with pressure ulcers on the day of inspection.

The person in charge explained to inspectors that a mobile optician service had recently visited to assess the residents and update their prescriptions for glasses where necessary. Several of the residents used walking aids to maintain their independence and the person in charge said there was access to physiotherapy if required by a resident.

Inspectors reviewed the procedures in place for end of life care for residents. There was a policy on end-of-life care and the person in charge explained that they have made good links with the palliative care team in their local area and have accessed their services when necessary. The person in charge had completed a short course on palliative care and the provider explained that she provided spiritual counselling to the residents when required. There was information on the spiritual wishes and beliefs of the resident in their care plans and their preferences for funeral and burial arrangements were also documented.

Inspectors found that a restraint free environment was promoted. There was a restraint policy and records to indicate that residents were carefully assessed prior to the use of bedrails and their consent was gained. For some residents identified at risk of falling during the day, the recommended intervention was close supervision by staff which inspectors found to be a more acceptable and person-centred alternative to using a restraint.

The medication policy was reviewed by inspectors which contained the procedures for prescribing, administering, recording, storing and disposal of medication. The prescription and administration records were clear and updated to record the most
recent administration of medication. Staff explained to inspectors the procedures they follow during a medication round and inspectors found that it complied with best practice. Inspectors checked the controlled drugs register and found that that the stocks were checked at the end of each shift.

Inspectors found that six of the residents were responsible for administering their own medication from a locked cupboard in their bedrooms. The person in charge explained the phases of the procedure they followed to ensure residents safety was maintained at all times. The resident's cognition was assessed prior to commencing self medication; they were given a day's supply of medication to begin which they administered under close supervision of the nursing staff. They were also given written information on each medication to increase their level of understanding. Once the resident’s confidence and competence increased, the nursing staff gave them an increased supply of their medication to manage. Inspectors found that this helped to maintain the resident's sense of autonomy and independence.

The person in charge explained to inspectors that they had recently introduced a new system of care planning. The inspectors reviewed a number of care plans and found that there was a comprehensive assessment of each resident on admission and a three monthly assessment following admission. Risk assessments were completed on the risk of developing pressures ulcers, falls, depression and malnutrition. There was information recorded on the life history of the resident and their preferences in terms of food and clothing. The nurses and residents explained to inspectors that they spend time discussing the care plan and both parties sign their care plan once it is agreed.

**Some improvements required**

Despite the many examples of good practice in the care planning process, inspectors noted some areas for improvement. Pre-written care plans were used when a problem was identified in the assessment, and in some cases the care plans were not personalised. There was generic information on the care plan without due regard to the specific needs of the particular resident. There were no care plans developed for some problems identified on assessment and no assessment tool was being used to measure pain. Inspectors also found a resident had not been reassessed following her return from hospital where her condition changed.

Inspectors found that although most of the residents were well known to the staff prior to admission as they may have resided in the convent or been a regular visitor, there was no formal pre-assessment of residents prior to their admission to ensure that the residents’ needs could be adequately met in the service.

**Significant improvements required**

There were some deficits noticed by the inspectors in the management of medication. The medication policy did not address the procedure for staff to follow in the rare cases when it may be necessary to administer medication to a resident covertly in food or fluids. Inspectors also found that the policy did not address the administration of over the counter medication to a resident who was self medicating.
4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents’ individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

Inspectors found that there was a real sense of homeliness and warmth in the centre. The residents had access to the sitting rooms, library and TV used by the community sisters in the main convent. This gave the residents a sense of belonging as they were not segregated from their fellow member of the religious community.

Inspectors observed the residents relaxing during the day; they gathered together in the conservatory on the ground floor in the morning. This room was warm and comfortable with books, plants, CD player, chairs and small tables. There was access to a secure garden from the conservatory which residents said they enjoyed walking around in fine weather. During the afternoon, inspectors saw the residents in their bedrooms having a nap, reading in the library and playing cards in a sitting room.

Inspectors reviewed documents which indicated recent servicing to electric beds, hoists, lift and fire equipment had been carried out. There was a maintenance book at the entrance with a notice asking staff and residents to record any items which required repair. The provider told inspectors that a full time maintenance person is employed to address items requiring attention. Inspectors reviewed the maintenance book and found reported items were responded to promptly.

Inspectors visited some bedrooms with residents' permission and found that residents had their personal possessions with them and there was adequate storage for their belongings.

Inspectors found there was appropriate equipment such as hoists, pressure relieving mattresses and mobility aids available to meet the needs of the residents. Residents told inspectors how they received different types of walking frames based on their individual preferences and needs.

There was a small kitchen on the ground floor which staff used to prepare light meals and refreshments for residents and a small kitchen on the first floor which residents could use to make tea/coffee at any time. The main kitchen was found to be clean and well organised by inspectors. The meals were transported from the kitchen in the main convent to the dining room in a heated trolley which the staff
served from. The care assistant staff had received training in food hygiene to ensure that best practice was adhered to when serving food to residents.

There was a treatment room adjoining the nurse’s office with facilities for the private examination and treatment of residents. There were separate changing rooms and toilets for catering and clinical staff to prevent the risk of cross contamination.

Inspectors found that waste was well managed as clinical waste was placed in separate bins and stored in locked bins outside for safety and hygiene purposes. There were hand gels, gloves and aprons available to staff to use for infection control purposes. Inspectors met with the cleaner who explained the procedures she follows to ensure a high standard of cleanliness was maintained, all cleaning chemicals were seen to be locked in a press at all times.

Inspectors found that there was adequate signage for residents with dementia to help orientate them and several spaces to allow them to sit and relax which gave them a sense of being able to walk around in a safe space.

### Some improvements required

There was a sink for sluicing on the three floors, but there were no mechanical sluicing facilities to ensure that commode basins were adequately decontaminated. Inspectors found that the lack of ensuite facilities resulted in commodes being placed in residents’ bedrooms during the day and at night. Even though the residents did not express any dissatisfaction with the practice, inspectors found that this practice could compromise residents’ right to privacy and dignity and cause unnecessary clutter in their bedrooms.

There were no handrails on one staircase which the residents could use. However, the provider was aware of this and had recently acquired handrails and was waiting for them to be installed.

### Significant improvements required

Inspectors found that the size of at least 40 percent of bedrooms were below the minimum requirements in the standards. While residents said they were happy with the size of their rooms, the provider said she was aware they did not meet the minimum requirement and was considering options on how best to address the problem.

### Minor issues to be addressed

Inspectors noted that one of the baths needed resurfacing as the enamel was worn in some areas which could cause a risk of injury and had an unattractive appearance.
5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents’ and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents’ privacy is respected.

Evidence of good practice

Inspectors spoke to staff and reviewed the minutes of staff meetings. Staff members said they enjoyed these meetings and were encouraged to make suggestions and participate in the running of the centre. There was also a communication book which staff used to pass on necessary information to each other.

Inspectors found that residents played a very active part in the organisation of the centre. In addition to attending the resident’s council meeting, the residents attended the monthly community meetings with their fellow sisters in the convent. This was greatly valued by the residents as it gave them a strong sense of continuing their belonging to their religious order and allowed them to keep abreast of the work of their missionary abroad. There was a suggestion box available for residents, staff and relatives to make comments in private if they wished.

Inspectors found that records were stored in a locked filing cabinet in the office which ensured confidentiality. The provider explained that records were archived and kept for a minimum of seven years. There was also a sign in book at reception which kept a record of all visitors and a sign out book for residents who were going out for the day.

Residents told inspectors that they had access to telephones if they wished to make or receive a phone call. There were newspapers and other reading material available in the library for residents.

Inspectors reviewed the policies and procedures and found that they were accessible, concise, comprehensive and user friendly. They were written in 2009 and the person in charge explained to inspectors that she had developed the policies with assistance from an external consultant and the provider signed the policies once complete. There was a framework in place for the development, approval and revision of policies and staff were aware of their contents. The staff were aware of the policies and told inspectors that they refer to them for guidance when necessary.

Inspectors found that there was an advocacy service available to residents. The provider explained that some of the community sisters acted as advocates for the
dependent residents. She described situations where these advocates brought issues of concern to the attention of the person in charge on behalf of the resident and the matters were dealt with immediately.

A small number of residents had a diagnosis of dementia and inspectors found that the staff communicated effectively with them. They spoke slowly and clearly, used short sentences, gave adequate time for response and repeated questions when necessary. Some of the residents attended a lecture on understanding the behaviour of people with dementia and they told inspectors that it allowed them to understand and communicate more effectively with their fellow sisters.
6. **Staff: the recruitment, supervision and competence of staff**

**Outcome: Staff are competent and recruited in sufficient numbers to meet residents’ needs**

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

**Evidence of good practice**

Staff members demonstrated a very good knowledge and understanding of each resident’s life history, likes, dislikes, routines and preferences. They showed great respect for each resident and they were seen interacting with kindness and good humour.

Inspectors found that there were adequate numbers and skill mix of staff on-duty to meet residents’ needs. The staff told inspectors that the dependency level of residents had increased recently and an additional staff member was employed each day to ensure that resident’s needs were being met. Residents told inspectors that there was enough staff on duty each day and night and they always got prompt attention when they required assistance. Inspectors reviewed tools used by the person in charge to measure the dependency level of residents and help her to calculate the numbers and skill-mix of staff.

The staff explained to inspectors that they attend a morning report each day where each resident is discussed and they are allocated the residents they are responsible for providing care to that day.

The staff told inspectors that ten out of twelve care assistants were facilitated to complete Further Education Training Awards Council (FETAC) Level 5 training which allowed them to have the skills and knowledge to provide high quality evidenced based care to residents.

There was a recruitment policy in place which met the Regulations as it contained the procedure for vetting staff and listed the documents required prior to a position being offered. The person in charge explained to inspectors that each staff member was mentored for a certain length of time when they started work and were given a period of probation prior to being offered a post.

There were records of each nurse’s registration with their professional body.

The person in charge explained to inspectors that staff were provided with their meals and refreshments throughout the day. Staff were also encouraged to enjoy a
cup of tea with the residents which helped to develop relationships and to allow them to gain a greater understanding of the resident as a person.

Inspectors found that there were several training sessions provided for the staff to attend. These included manual handling, nutrition, behaviours that challenge, best practice in caring for people with dementia, medication management and continence promotion. The person in charge explained that the residents were also invited to attend these training sessions to keep them informed and assist them in understanding their fellow residents with dementia.

**Some improvements required**

Even though there was evidence of Garda Síochána vetting applications for all staff, the files reviewed by the inspectors did not contain the documents required to meet with the requirements in the Regulations as some files did not have three references. There was no system in place to allow the person in charge to easily identify which staff attended mandatory and non-mandatory training.

Inspectors found that there was no formal induction programme in place for new staff members. This could result in poor communication and a lack of continuity and consistency of care.
Closing the visit

Acknowledgements

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

*Report compiled by:*

Angela Ring  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

29 April 2010
**Provider’s response to inspection report**

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<td>0100</td>
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<td>27 April 2010</td>
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**Requirements**

These requirements set out what the registered provider must do to meet the Health Act 2007, Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2010 and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

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

   The sizes of some bedrooms were below the minimum standards required.

**Action required:**

Submit a plan to ensure that the size and layout of the bedrooms are suitable to the residents needs.

**Reference:**

- Health Act, 2007
- Regulation 19: Premises
- Standard 25: Physical Environment

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

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

The step up to the external fire escape stairs could make it difficult for some residents to access the stairs.

**Action required:**

Ensure that residents can easily access the external fire escape stairs.

**Reference:**

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

**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>On consultation with our fire officer a suitable ramp will be installed to ensure that the residents can easily access the external fire escape stairs.</td>
<td>30/06/2010</td>
</tr>
</tbody>
</table>

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

The risk management policy was not comprehensive enough to meet the regulatory requirements and guide staff practice to ensure residents’ safety.

**Action required:**

Update the risk management policy to ensure it meets with the requirements in the Regulations and put a procedure in place to put the policy into practice.
| Reference: |
| Health Act, 2007  
Regulation 31: Risk Management Procedures  
Standard 26: Health and Safety |

| Please state the actions you have taken or are planning to take following the inspection with timescales: |
| Timescale: |
| Provider’s response: |
| The Risk Management Policy is in process of being updated and procedures will be in place to control risks such as;  
- Accidental injury to residents and staff  
- Assault and self harm  
- Residents using laundry facilities | 30/06/2010 |

| 4. The provider has failed to comply with a regulatory requirement in the following respect: |
| The staff did not demonstrate that they had adequate knowledge of prevention, detection and response to elder abuse. |

| Action required: |
| Make all necessary arrangements to ensure that staff have adequate knowledge of and are trained to respond appropriately to allegations of 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: |
| All Staff will have adequate knowledge and training to respond appropriately to allegations of abuse by:  
- Reading the policies and procedures in place  
- Viewing the DVD on elder abuse  
- Reading, studying and discussing the work book regarding elder abuse | 30/06/2010 |
5. **The provider is failing to comply with a regulatory requirement in the following respect:**

The medication policy did not address the practice of covert administration of medication or the procedure for the administration of over the counter medication to residents who were self medicating.

**Action required:**

Update the medication policy to ensure that it addresses:
- best practice on the covert administration of medication
- the administration of over the counter medication to residents who are on the self medication programme.

**Reference:**

Health Act, 2007  
Regulation 25: Medical Records  
Standard 14: Medication Management

**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>Medication policy has been updated to ensure that it now addresses best practice on the covert administration of medication and the administration of over the counter medications to residents.</td>
<td>Completed</td>
</tr>
</tbody>
</table>

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

There were no care plans developed for some problems identified in the assessment of a resident. Some of the care plans were not personalised. There was no reassessment of a resident following return from hospital.

**Action required:**

Develop care plans for all problems identified in the assessment.

**Action required:**

Reassess each resident on return from hospital to determine a change in their condition.

**Action required:**

Review each care plan to ensure that they are personalised to that particular resident.
### Reference:
Health Act, 2007  
Regulation 8: Assessment and Care Plan  
Standard 11: The Resident's Care Plan

#### 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>- Care plans are now personalised to each resident</td>
<td>Completed</td>
</tr>
<tr>
<td>- All problems have been identified in assessments of residents and care plans developed</td>
<td></td>
</tr>
<tr>
<td>- Any resident returning from hospital will be re-assessed regarding their specific needs</td>
<td></td>
</tr>
</tbody>
</table>

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

The staff files did not contain all of the required documents to comply with the requirements in the Regulations, in that some staff files did not contain three references.

**Action required:**

Update all staff files to ensure they comply with the requirements in the Regulations.

**Reference:**

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

#### 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>All new staff recruited will have three references on file prior to commencement of employment.</td>
<td>30/06/2010</td>
</tr>
<tr>
<td>All other staff presently employed are in the process of providing the required references.</td>
<td></td>
</tr>
</tbody>
</table>

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

There were inadequate sluicing facilities to ensure decontamination.
<table>
<thead>
<tr>
<th><strong>Action required:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide adequate sluicing facilities.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Reference:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Act, 2007</td>
<td></td>
</tr>
<tr>
<td>Regulation 19: Premises</td>
<td></td>
</tr>
<tr>
<td>Standard 25: Physical Environment</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Please state the actions you have taken or are planning to take with timescales:</strong></th>
<th><strong>Timescale:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>We are in the process of collecting data re prices of suitable mechanical equipment for sluicing area. Discussion with a plumbing company to follow.</td>
<td>31/07/2010</td>
</tr>
</tbody>
</table>

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

There were no procedures in place for the collection of data for the purposes of continuous quality improvement.

<table>
<thead>
<tr>
<th><strong>Action required:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of residents in the centre.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Reference:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Act, 2007</td>
<td></td>
</tr>
<tr>
<td>Regulation 35: Review of Quality and Safety of Care and Quality of Life</td>
<td></td>
</tr>
<tr>
<td>Standard 30: Quality Assurance and Continuous Improvement</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<th><strong>Timescale:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>A system for continuously reviewing the quality and safety of care provided to residents, and the quality of life of residents in the centre will commence in July, 2010, and will be ongoing thereafter.</td>
<td>July 2010</td>
</tr>
</tbody>
</table>

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

There was no formal pre-assessment of residents prior to admission.
**Action required:**

Complete a formal assessment of all residents prior to admission.

**Reference:**

Health Act, 2007  
Regulation 8: Assessment and Care Plan  
Standard 11: The Resident’s Care Plan

**Please state the actions you have taken or are planning to take with timescales:** | **Timescale:**
---|---
Provider’s response: | Complete
A formal pre-assessment of all new residents prior to admission is now in place.
These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Best practice recommendations</th>
</tr>
</thead>
</table>
| Standard 26: Health and Safety | Install the handrails to the staircase.  
Provider’s response:  
Completed |
| Standard 24: Training and Induction | Introduce a formal induction programme for new members of staff.  
Provider’s response:  
In process at present, to be completed by end of July 2010 |
| Standard 24: Training and Supervision | Develop a system to identify which staff have attended mandatory and non mandatory training.  
Provider’s response:  
Completed |
| Standard 25: Physical Environment | Ensure that the baths are fit for purpose.  
Provider’s response:  
Baths will all be fit for purpose; to be upgraded by 14 June 2010. |
Any comments the provider may wish to make:

Provider’s response:

The inspection of St. Columban’s Nursing Home, held on 27 April 2010 was a positive and helpful experience. The inspectors were gracious and friendly and carried out their work thoroughly and with respect for all staff and residents alike. I wish to thank both inspectors for the courtesy and openness and look forward to future communications.

Provider’s name: Ita McElwain
Date: 27 May 2010