



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

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| Name of designated centre: | Harvey Nursing Home |
| Name of provider: | Ardeeshal Lodge Limited |
| Address of centre: | 25 Upper Glenageary Road, Glenageary, Co. Dublin |
| Type of inspection: | Unannounced |
| Date of inspection: | 14 February 2019 |
| Centre ID: | OSV-0000048 |
| Fieldwork ID: | MON-0023441 |

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Harvey Nursing Home is registered to provide accommodation for 32 residents through a combination of single and shared bedrooms. The Nursing Home is located close to the grounds of the former Dun Laoghaire Golf Club and is close to St Vincent's, St Michael's and Loughlinstown hospitals. It has an attractive and enclosed rear garden which is used regularly by the residents. The Nursing Home is well serviced by a number of buses. The Home provides 24 hour nursing care for both female and male residents with the following care needs: Care of the elderly, Dementia Specific Care, Palliative Care, Respite, Convalescent and Day Care with dependency levels ranging from low to high.

The following information outlines some additional data on this centre.

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|--|------------|
| Current registration end date: | 20/10/2020 |
| Number of residents on the date of inspection: | 27 |

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|------------------|----------------------|---------------|---------|
| 14 February 2019 | 09:00hrs to 16:00hrs | Michael Dunne | Lead |
| 14 February 2019 | 09:00hrs to 16:00hrs | Helen Lindsey | Support |

Views of people who use the service

Inspectors spoke with a number of residents in the course of the inspection and overall residents gave positive feedback about their experience living in the designated centre. In particular residents were complimentary about staff, they told us they were kind and that they listened to what residents had to say.

Residents told inspectors that they were happy with the activity programme that was provided in house and it was observed that there were a number of residents being supported to engage in one to one activities throughout the day. Residents also told inspectors that they would like to have more outings to places of interest as they said that they occur infrequently.

They confirmed that they could exercise choice on aspects of life such as when they got up and retired to bed and in relation to participation in activities. The centre had developed a residents charter in conjunction with the residents which was on display in the centre and made particular reference to residents rights and choices.

Residents also told us about their room environments, they said they are cleaned regularly and that if a problem occurred with their room that they were able to talk to staff about it. Residents told us that their laundry was cleaned and returned to them without issue.

Inspectors observed breakfast and lunch mealtimes and saw that residents were given sufficient support with their dietary needs. Residents told inspectors that they were happy with the quality and variety of food on offer. They also told us that they could access food and drink throughout the day.

A number of relatives were also consulted during the inspection and they gave positive feedback about how caring the staff were and that the quality of care being offered was of a high standard.

Capacity and capability

Overall, the inspector found that a good standard of care was provided however a review of staffing was required.. Management structures were clearly defined with lines of accountability, authority and responsibility. At the time of the inspection the

director of nursing was on annual leave and assistant director of nursing was in charge. The governance team in place to provide support to the director of nursing included the chief operations officer and the registered provider representative.

There were systems in place to ensure that the service provided was safe and responsive to resident need. Clinical and operational audits were reviewed and evaluated at regular intervals. The centre's statement of purpose accurately described the range of facilities and services on offer and was accessible to residents and relatives. The statement of purpose also described arrangements for maintaining resident's dignity, privacy and autonomy.

There was an annual review of quality and safety for 2018 in place and it incorporated the views of residents and their families. The review also identified the priorities of the centre for 2019 in terms of improving the quality of service provision. Inspectors noted that the centre had addressed all areas that required improvement highlighted in a previous inspection.

There were sufficient numbers of staff in place during the inspection to meet the needs of the residents. There was a staff mix of nursing and support staff which was supported by management on the day of the inspection. Inspectors reviewed past and current rosters and saw that there were times where additional support was required to meet the needs of residents and to ensure their safety for example during the evening medication rounds and at weekends.

A review of staff training was conducted and it was observed that all staff had completed the required mandatory training with regard to safeguarding, fire safety and manual handling. The centre had plans in place for additional training in dementia care with a focus on communication, nutrition and hydration.

The centre had a complaints policy in place which was displayed in the centre and it was also included in the resident's information brochure. The policy was consistent with relevant legislation and regulations. Residents who were spoken with during the inspection confirmed that they were aware of the complaints process and on how they could raise a complaint or a concern. There was a complaints log which recorded all complaints and on examination it showed that complaints were processed in an efficient manner. A clear focus on supporting the resident or relative to achieve a positive outcome was also evidenced.

Regulation 14: Persons in charge

The person in charge (PIC) had the relevant skills and experience to fulfill the functions of the post. The PIC is solely involved in managing the centre and is pursuing additional qualifications in leadership and management.

Judgment: Compliant

Regulation 15: Staffing

Staff were observed communicating with residents in a clear and compassionate way consistent with promoting residents dignity and privacy. The staff team knew the residents very well and were aware of their individual need. The numbers of staff in the centre were sufficient to meet the residents needs on the day of the inspection however there were times where staffing levels needed review to ensure that residents needs were met on a consistent basis. Discussion with the nursing staff highlighted periods where additional staff support was required particularly during the evening medication rounds and at weekends when numbers of staff decrease.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff training records showed that staff had received mandatory training in safeguarding, moving and handling, and fire safety. The centre had a planned training programme in place to provide additional non mandatory training which included CPR, communication and nutrition in Dementia, and recognising and responding to elder abuse.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place to monitor the quality and safety of the service. The person in charge worked in the centre full time and was supported by the registered provider representative and by the group chief operations officer. There were effective systems in place to support the management team to identify areas of good practice and also areas that required improvement. There were documents in place to show that regular audits of both clinical and operational practice were reviewed and that these findings informed

future improvements of practice. The annual plan of quality and safety took into account the learning from clinical and operational audits. Views of residents and their families were also accessed from satisfaction surveys and these findings were also incorporated into the annual plan.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspectors reviewed the centre's statement of purpose and found that it accurately described the services and facilities offered by the centre. The statement of purpose met the regulatory requirements as set out in schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints policy which was advertised in the centre. The policy was consistent with relevant legislation and regulations. A complaints log was in place which recorded the nature of complaints received. The complaints system was monitored for its effectiveness and the policy itself was currently scheduled for review.

The complaints procedure was included in the residents information brochure and discussed with residents on admission to the centre. Residents informed inspectors that they were aware of the complaints policy and that they could access staff to make a complaint or raise a concern if needed. Inspectors noted low levels of complaints for 2018 and those seen followed the correct process which included investigation and feedback.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had a comprehensive list of policies and procedures in place which met the requirements set out in schedule 5 of the regulations. Discussion with staff confirmed that they were aware of the policies and the procedures and their implementation. There was evidence to show that policies were reviewed and evaluated on a regular basis to enhance the quality of provision. The centre had

effective storage and management practices in place for policies and procedures ensuring easy retrieval.

Judgment: Compliant

Quality and safety

A quality service was being provided by this centre however improvements were required with the updating of residents case records and the provision of fire signange. Care was provided by a staff team who were aware of resident's needs and responded to those needs ensuring that resident's privacy and dignity was respected. The centre had a resident's charter in place focusing on resident choice and resident involvement. Residents said that they felt safe in the centre and that their care and health needs were being met. This view was supported by relatives met during the inspection, where they said that staff were very supportive of the residents and that the care being delivered was of good quality.

The premises were well presented and clean, the dining room was pleasant and an inviting space for residents to have their meals. There was a nice atmosphere in the home and particularly in the activity room/sitting room where residents were being supported by staff to engage in activities. Resident was able to personalise their bedrooms and those viewed were seen to contain resident's personal items and decorated according to their taste. There was a smaller communal room that visitors were using to meet with their relatives.

A review of care plans showed that residents who lived at the centre had a comprehensive assessment carried out before being offered a placement. Residents care plans were constructed on the basis of this assessment and those seen identified how those needs were to be met and also included residents views on how they would like care to be delivered. Care Plans were reviewed on a regular basis however care plans for two residents were not reviewed within the required timescale.

Resident healthcare needs were identified as part of the admission process using a range of nursing tools. It was seen that residents had timely access to healthcare services where referrals to allied health services such as dieticians, speech and language therapists and tissue viability nurses were made when a need was identified. Care plans viewed contained recommendations and treatment plans made by healthcare specialists. The centre took a holistic approach to the delivery of care to clients with diabetes ensuring that all areas were covered including the monitoring of diet, skin, eyes, feet and medication. Residents had access to a GP of their choosing. The centre was aware of its responsibility in facilitating access for its residents to the national screening programme operated by the Health service Executive.

The centre had a policy in place with regard to managing behaviours that challenge.

Care plans were reviewed on how the staff team identifies and responds to these behaviours. Interventions were based on information accessed through the carrying out of effective risk assessment. It was noted that staff had access to relevant training and that a dementia training course was about to commence. Inspectors were able to see how staff manage these behaviours during the inspection and saw that staff interventions were respectful and knowledge based. The centre had low levels of restraint in use in the centre.

Residents were complementary about the provision of food in the centre. They were happy with the quality and choice of what was been offered. Residents were supported to have their meals either in the dining room, the activity room or their own bedroom. Those residents who required support with dining were offered assistance in a positive unhurried manner. The dining experience in the dining room appeared to be a pleasant one with the dining room tastefully decorated to enhance the environment. There were care plans in place which followed the guidance of specialists around diet and weight management. Catering staff were aware of resident's diet through effective communication with the nursing staff. The centre had implemented the recommendations of a recent environmental health audit and it was observed that good health and hygiene practices were part of the day to day routines in the kitchen.

Regulation 17: Premises

The centre offered accommodation to 32 residents over ground and first floor. There was a chair lift to assist residents with mobility problems or for those residents who cannot manage the stairs to reach the first floor. There were two rooms designated on the first floor for clients who were able to mobilise independently. The centre had a large communal room which was also used as an activity room located on the ground floor and there was a smaller communal room also located on the ground floor where we saw visitors meeting with their relatives.

The centre had a homely feel, it was tastefully decorated and residents were encouraged and supported to personalise their rooms. Where residents shared rooms there was space available for residents to enjoy preserving their dignity and privacy. Resident rooms also contained lockable cupboards and adequate storage facilities.

There were good heating and ventilation facilities in the centre and equipment was well maintained and suitable to resident needs. The annual review of quality and

safety contained plans for improvement to the physical environment and incorporated the views of the residents. Due to the layout of the centre the space available for the storage of equipment will need constant review.

Judgment: Compliant

Regulation 18: Food and nutrition

There were systems in place to ensure that residents nutritional needs were met. An assessment prior to placement identified if a resident had any special dietary needs and this information formed part of the residents care plan. Referrals to specialists such as dieticians, speech and language therapists were in place for those residents who requires their input. Inspectors observed good communication between the nursing and catering staff at mealtimes which enhanced the dining experience for the residents. The dining room could only accommodate a small number of residents at any sitting but it was decorated in a way that made the dining experience a pleasant one. Residents who did not wish to eat their meals in the dining room were supported to have their meals either in the communal rooms or in their bedrooms. Residents had a choice at meal times and had access to additional food and drink at regular intervals throughout the day. Residents were complimentary of the food and overall provided positive feedback as to the quality and taste.

Judgment: Compliant

Regulation 26: Risk management

The centre had a risk management policy in place. The policy described how risk was identified, assessed, monitored and controlled. There was also a risk register which identified a comprehensive range of operational and clinical risks. The centre had a safety statement in place and had designated safety officers who focused on ensuring all members of staff were aware of their responsibilities. In addition to risk management the centre had a health and safety policy in place which identified how incidents were reported, recorded and investigated. Learning from incidents was achieved through the effective use of audit.

Judgment: Compliant

Regulation 28: Fire precautions

There was a fire safety register in place which included an emergency fire procedure. This procedure highlighted a range of fire checks that were carried out on a daily, weekly and monthly basis. These checks included monitoring fire equipment, fire doors and fire exits. There was evidence of regular fire equipment testing. The fire alarm and emergency lights were tested in November 2018 while staff had received fire procedure training in May 2018. The centre had arranged fire training on a cyclical basis.

The centre had conducted fire drills however there was improvement required with regard to recording of information arising from these fire drills with a focus on identifying and implementation of any learning that may be needed. Inspectors also noted a lack of directional signage on the first floor which would lead residents to the nearest fire exit.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors followed up on compliance issues regarding the appropriate use of PRN (as needed) medication where the maximum dose was not recorded on the residents prescription chart. All sample charts seen on this inspection contained the maximum dosage and therefore met the requirements of the centres own medication and best practice guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of resident care plans and noted that there was an improvement in care plan construction since the last inspection. Care plans were more specific to the individual and were based on effective assessment of resident need. Care plans were written giving sufficient detail so that staff could follow the path of care intervention and therefore record care inputs more clearly. Inspectors noted that there were a sufficient number of care plans in place to ensure that residents health and social care needs were met on a holistic basis. Care plans seen also showed that residents preferences were taken into account along with consultation with relatives where appropriate. Care plans were generally updated every four months or as and when required however Inspectors found that two residents care plans had not been updated or reviewed with the stated four

month time line.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found that residents had access to a range of specialist and medical health services which maintained and promoted resident well being. Residents health care needs were risk assessed upon admission and it was noted that timely referrals to allied health professionals were made where necessary. The centre adopted a holistic approach to health care delivery and ensured that resident and relatives views were taken into account. Records seen indicated that residents could access a GP of their choosing.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a policy in place which directed staff on how to support residents exhibiting responsive behaviours. A holistic approach was adopted where residents were given the appropriate support by a staff team that were aware of the residents care needs. Care plans and risk assessments gave sufficient detail on how to care and support residents displaying behaviours that challenge. Staff knowledge on how to care for clients with these behaviours was good and was supplemented with regular training in this area. Staff were observed using de escalation techniques to manage these situations ensuring a positive outcome for residents. The centre monitors its own effectiveness in managing behaviours that challenge by using an observational tool called "quis" and evaluating this learning through bi-monthly audits. Inspectors noted low levels of restrictive practice in operation at the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors spoke to several residents in the course of the inspection and their view was that the centre was respecting their rights. The centre had a residents charter in place which promoted resident involvement, resident choice and fulfillment. Resident satisfaction surveys were conducted and residents wishes and requirements formed part of the annual plan of quality and safety. Inspectors

observed residents attending group activities whilst observing others were being supported with their individual interests. There was a planned schedule of activities advertised on the notice board and included a range of activities on offer from Monday to Friday. Residents confirmed that they were supported to vote in the elections and that they had access to newspapers if they wanted. Shared rooms were arranged to maintain residents privacy and dignity. Residents did tell inspectors that they would prefer to have more outings as it was some time since they last had an outing.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|--|-------------------------|
| Views of people who use the service | |
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Harvey Nursing Home OSV-000048

Inspection ID: MON-0023441

Date of inspection: 14/02/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 15: Staffing | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing: We have reviewed our staffing and, as discussed with the inspectors, have added an additional twilight shift to the nursing roster. | |
| Regulation 28: Fire precautions | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions: Following the inspection, we have ensured that the outcome of any future fire drills will not only be discussed among staff as currently occurs, but that any resultant lessons or improvements are recorded for all staff to review. We will continue to have fire drills twice a year in line regulations. Additional directional fire signage has been ordered for the first floor | |
| Regulation 5: Individual assessment and care plan | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: The care plans referred to in the inspection report have been updated accordingly and | |

will be maintained in line with the regulations

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|---|-------------------------|--------------------|---------------------------------|
| Regulation 15(1) | The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned. | Substantially Compliant | Yellow | 19/02/2019 |
| Regulation 28(1)(d) | The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency | Substantially Compliant | Yellow | 30/04/2019 |

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|-----------------|---|-------------------------|--------|------------|
| | <p>procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.</p> | | | |
| Regulation 5(4) | <p>The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.</p> | Substantially Compliant | Yellow | 14/02/2019 |