Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	St Ursula's Nursing Home
Centre ID:	ORG-0000171
Centre address:	Golf Links Road, Bettystown, Meath.
Telephone number:	041 982 7422
Email address:	seamus.sarsfield@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Ballyhavil Limited
Provider Nominee:	Seamus Sarsfield
Person in charge:	Jennifer Keenan
Lead inspector:	Ciara McShane
Support inspector(s):	Catherine Rose Connolly Gargan;
Type of inspection	Unannounced
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with 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.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
12 June 2014 09:30	12 June 2014 19:15

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

Outcome 04: Records and documentation to be kept at a designated centre
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection was unannounced and was carried out by two inspectors over one day. It was the sixth inspection of the centre. The most recent inspection of this centre took place 2 April 2014. The registration of the centre expires 22 February 2015 and will receive an inspection prior to the renewal of their registration. This was a follow up inspection, however all actions from the previous inspection had not been met as outlined in the body of the report. The centre accommodates 24 residents, male and female, with varying dependency needs.

Inspectors arrived at the centre in the morning; some residents were up and in the sitting room and conservatory while others were getting up for the day. On the day of inspection there was one staff nurse on duty, three health care assistants in addition to the provider and person in charge who were also present. A maintenance person, laundry assistant and a chef were also on duty. There was a pleasant atmosphere and residents spoke positively about the centre.

Since the last inspection, inspectors saw improvements in relation to fire safety following an inspection from the Meath fire authority, as further discussed in outcome seven. While the risk register had been amended since the last inspection it required significant improvements to comply with the Regulations. All hazards were

not identified in the centre and falls management required further analysis to ensure that the control measures and staffing levels were adequate to prevent further falls from occurring.

Aspects of the premises required attention to comply with the Regulations, in particular the external grounds. As outlined in the most recent inspection residents had no space on the external grounds which they could safely enjoy.

Medication management necessitated further analysis in particular the practices relating to medication administration. A staffing review was required to confirm that there were sufficient staff and skill mix available to meet the assessed needs of the residents.

Access to GP's and allied health professionals was timely and residents told the inspectors the care they received was good, on the day of inspection both a pharmacist and physiotherapist attended the centre.

The Action Plan at the end of this report identifies areas where improvements are required to comply with 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.

Section 41(1)(c) of the Health Act 2007 Compliance with 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.

Outcome 04: Records and documentation to be kept at a designated centre
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
This outcome was not inspected against in full on the day of inspection however improvements were required to comply with the Regulations.

Inspectors viewed a number of records and found them to be poorly maintained for example additional pieces of papers, within residents care plans, were stuck on with clear tape as opposed to commencing a new form. In addition, files also contained surplus unnecessary paperwork which should have previously been removed and archived such as care plans that were no longer relevant and had been superseded in addition to training and guidance notes which were filed in the risk register.

Documentation was duplicated and triplicated in places. Inspectors saw multiple copies of similar care plans in resident's files, this could lead to confusion amongst staff, therefore increasing the risk of an untoward event or incident occurring. Inspectors saw the emergency plan which contained three different versions of an evacuation procedure in the event of a fire.

A number of records, viewed by the inspector, were also inconsistent, while there were some good elements observed in one care plan, these same elements were poorly completed and detailed in another care plan.

Judgement:
Non Compliant - Minor

Outcome 06: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:
Safe Care and Support

Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Some actions from the previous inspection had been successfully updated and implemented. The elder abuse policy had been updated and contained details for a named nominated internal and external person to assist with any allegations of elder abuse.

While the policy was amended to reflect some of the actions that staff should take once they receive an allegation of abuse, it did not comprehensively cover all immediate actions necessary for staff on what to do the in the event of a disclosure about actual, alleged, or suspected abuse.

Judgement:
Non Compliant - Minor

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe Care and Support

Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Some actions required from the previous inspection had been satisfactorily implemented.

The person in charge had developed a robust missing persons profile for each resident. The profile was well detailed and included information such as the resident's previous home address and a recent photograph. An emergency pack had also been developed which was kept in an accessible place, in the hallway, of the centre. The emergency pack contained a high visibility vest in addition to a torch and whistle should it be needed. A staff member told inspectors about a listening session they recently attended internally on what to do should a resident elope, the staff member clearly and

competently relayed the steps to take should this occur. The person in charge had also recently held missing persons drills which occurred frequently similar to fire drills. Inspectors also saw a risk assessment in the files of three residents who were high risk of eloping. However, the assessment required further information and expansion to reflect all appropriate control measures and the level of risk for that hazard in the centre given the location of the centre on a busy road parallel to the seafront.

Significant improvements were required in respect of risk management. While the person in charge had made attempts to improve risk management more robust procedures and a transparent risk register were required to come into compliance with the Regulations. Not all risks had been identified in the risk register and those that were highlighted were not satisfactorily robust with appropriate control measures in place. The risk register also failed to identify the date the risk was identified, the date it was reviewed and it failed to risk rate any of the hazards identified. For example manual handling had been identified as a risk for staff and contractors. It was not recorded as a risk for residents who received manual handling daily from care staff nor did it adequately explain what the risks were. Carrying heavy loads was outlined as a hazardous activity in relation to manual handling but there was no indication as to what quantified as a heavy load. In addition the control measures to mitigate the risks associated with manual handling were not implemented in practice. The inspectors saw a laundry skip, in the upstairs of the building, which was overflowing. Poor lighting had also been identified as a hazard for staff and contractors. However, inspectors had to turn on lights in the downstairs hall to ensure good visibility and so that residents could mobilise safely. Clinical risks were not satisfactorily assessed.

There were adequate assistive handrails placed in the hallways, that were red in colour, and easily identifiable for residents. However inspectors observed that chairs were partially blocking the handrail therefore posing risk to residents. Inspectors saw a resident, using a walking aid in one hand and using the handrail for guidance. The resident's access to the rail was blocked by a chair, which the resident then used for guidance. The risk of a fall was high as the chair was not fixed to the ground and could easily move away from the resident causing them to fall. The person in charge assured the inspectors that these chairs and items would be removed from the handrails and the rails would be kept cleared. Bathrooms and toilet facilities were equipped with grab rails however additional grab rails were required in one of the bathrooms. One inverted grab rail was placed in between the shower and the toilet and was not adequate to ensure complete safety for residents.

The external premises posed a risk to residents should they access the outside grounds such as overflowing bins, unsafe items and limited parking. This will be further discussed in outcome twelve.

Infection control was observed to be inadequate at the time of inspection. Multiple bathrooms and toilet facilities contained toiletries and creams that were at risk of communal use or ingestion. These items were unlocked and placed on shelves. Multiple toilet rolls, uncovered, were placed on top of the toilet. A number of radiators and grab rails were rusty with patches of paint missing. A mop bucket, stored in the sluice room, was heavily soiled as too was the sluice hopper. Flooring in some of the bathrooms was stained, silicone around toilet bases and sink bases needed to be replaced. Vents in

bathrooms were unsanitary and items such as dried flower pots were in bathrooms with cobwebs on them. A toilet seat was loose posing a risk to residents but also difficult to clean effectively. Office type waste bins, with no lids, were placed in some bathrooms and in the hallway under protective equipment such as the apron dispenser. The inspectors also saw a large skip bin in the middle of the bathroom floor. When opened the inspectors found incontinence wear and two plants were in the bin. A storage unit in the upstairs hall contained incontinence wear in addition to a pair of slippers that were heavily soiled. Although there was a secure cleaner's room where chemicals were locked away, inspectors saw that resident's slings were inappropriately stored there.

For the most part emergency exits were clear but the stair wells needed to be addressed. A hoist which was stored beside a stair well was blocking access to a fire extinguisher and another stair well, which was a fire exit, had surplus bags of goods stored there; there was fourteen large bags in total. The Provider told the inspectors, some of the bags were as a result of an incorrect delivery of goods and they were in the process of removing them.

Subsequent to a recent inspection from the local fire authority the Provider had made improvements with regards to the fire safety management and procedures. The inspectors saw that there was additional emergency lighting; directional signage and that equipment had recently been service in May 2014. Ski sheets had been purchased and there were 15 ski evacuation sheets in place on the day of inspection. Intrimuscent strips had been replaced on doors and improvements had been made in the compartmentalisation of the building. Staff spoken with were aware of the new zones. However, the evacuation procedure was not clear. Staff were aware of what to do in the event of a fire but it did not tie in with the numerous versions that were recorded in the emergency plan. The emergency evacuation plan required revision and assurances were required that all staff and residents were aware of their revised evacuation plan in light of the recent changes to compartmentalisation. Each resident did not have a personal emergency evacuation plan and it was unclear what the evacuation plan was for each resident taking into consideration their individual needs and abilities. The Provider stated this would be addressed.

Judgement:
Non Compliant - Moderate

Outcome 08: Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Safe Care and Support

Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Not all actions were followed up from the previous inspection. Teaching sessions had not occurred at time of inspection although the person in charge was still pursuing these training sessions in conjunction with the pharmacist. The inspectors observed additional areas of improvements to come into compliance with the Regulations.

The system, at the time of medication administration, for checking the actual medication against the prescription was observed by the inspectors as being inadequate. As seen by the inspectors, the medication was verified using the names of the medication on the blister pack against the prescription as opposed to verifying that the medication contents within the blister pack corresponded with the prescription. Hand hygiene at the time of medication administration was also poor.

The prescription sheet did not meet the requirements of the Regulations; it failed to outline the maximum dosage for all medications. This could result in an unintentional medication drug error.

In documentation provided to the inspectors, the inspectors saw that there were eighteen medication errors, during the year previous, and there was a pattern to these errors. The inspectors also noted that two medication errors had occurred over the past number of months demonstrating limited learning from all previous medication errors. The inspectors formed a view that no learning had been gained from the analysis of previous medication errors. A detailed analysis of the medication errors was necessary in addition to provision of further training and or supervision for the nurses on medication managing.

The Wafarin practice required review as there were two parallel processes for anticoagulation medication dosage prescribing. In addition the transcribing practice required review in relation to the transcription of controlled medications as it did not comply with the misuse of drugs legislation.

Judgement:
Non Compliant - Moderate

Outcome 11: Health and Social Care Needs
Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective Care and Support

Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspectors viewed a sample of personal care plans and found that improvements were required to comply with the Regulations. Not all actions from the previous inspection had been completed. A system had not been developed to consult or engage with residents to develop and review their care plan. For example a recent end of life care plan had been developed but the resident or their next of kin had not signed it nor was it clear what their level of involvement was.

There was good evidence to show adequate referrals and input from general practitioners (GP) and multi disciplinary team members. Access to GP's and allied health professionals was timely. Care plans were not wholly up to date; a significant amount of archiving was required within the care plans as discussed in Outcome 4. Inspectors saw three separate care plans for a specific issue in a resident's file. One resident who was high risk of eloping had three such care plans in place, while these care plans were satisfactory there was a risk of inconsistency and potential confusion for staff providing the care.

Inspectors viewed the daily progress notes for three residents and found the notes were not linked to residents care plans and failed to inform if the interventions provided had positive outcomes for residents.

There was also evidence to suggest that resident's interests were not proactively linked to their care. In one resident's care plan it stated one of their interests but it was not tied into their care plan or outlined how pursuing this interest could be achieved or the benefits of doing so highlighted. An assessment of resident's social care needs was required to reflect their individual preferences and to ensure that residents accessed activities and events outside of the centre. On the day of inspection inspectors saw residents engaging with a physiotherapist in a group session. Some residents appeared to enjoy the activity. The person in charge also reported that it had improved flexibility for one resident. Other events and outings were arranged for residents but more consistency and clearly allocated time was required to ensure that the individual social care needs for all residents were met.

Falls management required improvement. Falls assessments and monthly audits of same were carried out. The person in charge told the inspectors who was at high risk of falls and the inspectors saw this reflected in their personal care plans, risk assessments and in the most recent falls audit which was completed for May. However falls management was not robust enough to ensure that risk was minimised or mitigated. The inspectors reviewed the falls for the previous three months. Twenty one falls had occurred, 14 of which were unwitnessed. Inspectors also noted through further analysis of the falls that nine of the 14 unwitnessed falls occurred at times where staffing levels were reduced. One resident who was high risk of falling required staff observations and supervision throughout the day and night as outlined in their falls care plan. However, this resident had a serious injury as a result of a fall which was unwitnessed. Another resident, who was also at high risk of falls, also had fallen a significant number of times. A control

measure for this resident was also staff supervision and observation. The resident continued to experience falls, a high number of which were unwitnessed. This resident had refused other control measures such as a sensor mat and bedrails but recently agreed to trial a sensor clip. A more robust analysis of the falls was necessary to establish if the control measures in place for falls prevention were adequate but also to ascertain if staffing levels were sufficient to support those that required enhanced observations as a result of their falls. Further discussed in Outcome 18.

Judgement:
Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Care and Support

Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
All actions from the previous inspection had not been addressed. While aspects of the premises were adequate, improvements were required to comply with the Regulations.

The inspectors noted some good practices in the centre regarding the premises. Grab rails in the hall, door handles and toilet seats were red so that they were easily identifiable to residents. Resident's rooms were clearly numbered and each door was personalised to reflect the resident's personality. There was a small conservatory where residents could relax and enjoy the good weather. The inspectors saw residents meet with their visitors in the conservatory throughout the day.

However, as identified in the previous inspection report, residents have no external safe communal space where they could spend time. The Provider had placed one set of garden furniture at the side of the building but on the day of inspection a motorbike was parked amongst this. In addition, the number of seats available outside were inadequate to cater for the number of residents living at the centre. On the day of inspection the weather was fine and as a result of the centre having no safe external communal space residents were limited to the indoor space.

Bathrooms and toilet facilities were equipped with grab rails however additional grab rails were required in one of the bathrooms. One inverted grab rail was placed in between the shower and the toilet and was not adequate to ensure complete safety for residents.

Grounds maintenance required attention. The inspectors on arrival to inspection saw large external waste bins, in two locations on the grounds, causing risk. Although the clinical waste bin was locked and secured, the two large general waste bins were overflowing. The other external bins were partially blocking a fire exit from the kitchen. The provider told the inspectors that he would remove these risks. The inspectors saw an outhouse was unlocked and a pair of pliers and other work tools exposed on the grounds. Numerous cigarette butts littered the premises. There was also multiple overfilled ashtrays beside an external point on the premises that the Provider had identified as being a combustible risk, therefore the control measures to mitigate the risk of combustion were ineffective. The motorbike, which was parked at the end of a ramp and between a seating area, posed as a significant risk to residents who wanted to sit outside when walking down the ramp from the conservatory. Four soiled buffers and a shopping trolley were at the back of the centre. At the end of the inspection, the inspectors observed that the bins were closed and not overflowing with rubbish, a lock had been placed on the outhouse and the motorbike had been parked in a safer location.

There was insufficient parking at the centre as seen by inspectors on the day of inspection and brought to the Providers attention at the previous inspection. There was no designated parking space for emergency and disabled vehicles nor was there a clear pathway for an emergency vehicle to park within the grounds of the centre. The provider stated there was a temporary solution available to him that he would explore.

The area for dirty laundry had been repainted since the last inspection. However, the washing machine was in a poor state of repair. The bottom cover of the washing machine was missing and there was a redundant element lying on a shelf beside the washing machine. The Provider told the inspectors this was being addressed.

Inspectors observed staff assisting a resident from their bedroom. In order for the care staff to use a full hoist in the bedroom, part of the resident's furniture had to be removed from their bedroom and placed in the hall until the task was complete. Therefore the room was not suitable in size to meet all the needs of the resident.

Some of the architrave required repair and replenishing, in particular near the sitting room and conservatory.

Judgement:
Non Compliant - Major

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
The actions from the previous inspection were satisfactorily implemented, the policy had been updated.

Judgement:
Compliant

Outcome 16: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Improvements were necessary to ensure that all residents' rights were respected in the centre. Inspectors saw that resident's meetings occurred on a regular basis and seen the minutes of these meetings. The most recent meeting was held on 16 May 2014 and 12 residents attended it. The meeting covered areas such as activity and food preferences.

Inspectors saw staff engaging with residents in a respectful manner at the time of inspection but noted that some of the language used in record keeping was not always age appropriate for example the inspectors seen 'cot sides' written in a care plan as opposed to bed rails.

A toilet which was situated beside an exit point was clearly visible to passers by therefore impacting on resident's right to privacy and dignity. The Provider stated he would rectify this.

All exit doors were controlled by keypad mechanisms as a small number of residents were identified as high risk of eloping, however by putting in place these control measures to mitigate risk, limitations were being place on all residents from having free external access where appropriate.

Six residents lived upstairs in the centre. There was a key pad mechanism on each end of the corridor and residents were unable to leave without first calling for the assistance of a care staff member who then escorted them downstairs either walking or using the chair lift provided. These practices required immediate and urgent review to ensure that

unnecessary limitations were not being placed on these residents who resided upstairs. A review was required for the six residents who lived upstairs and the appropriateness of their placement.

The centre had CCTV in a number of areas throughout the centre, this needed to be reviewed to ensure that the privacy and dignity of residents was maintained.

Judgement:
Non Compliant - Moderate

Outcome 17: Residents clothing and personal property and possessions
Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
This outcome was not inspected against in full however Inspectors seen that property checklists had been completed for residents on admission but these had not since been updated, it was therefore difficult to decipher if residents belongings were being maintained.

Judgement:
Non Compliant - Minor

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Workforce

Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Not all actions from the previous inspection had been fully addressed and improvements were required to comply with the Regulations.

While efforts had been made in relation to the training needs analysis it continued to be difficult to decipher which staff had up to date training or which staff required additional or refresher training. The person in charge stated that it would be rectified. Since the last inspection training had taken place including nutrition, infection control and a session reviewing the medication management policy with staff.

The inspectors requested a review of staffing levels. The person in charge, since the last inspection, was still in the process of trying to recruit two full time nurses. As reported in Outcome 7 the instance of falls in the centre remained high. For a number of residents the falls were unwitnessed and occurred between late evening and early morning when staffing levels were reduced, two staff were on night duty. The Provider told the inspectors that they had trialled different duty rosters to extend hours in the evening. This was not effective or adequate as falls were still high and occurring unwitnessed by the staff on duty. On the day of inspection there was one staff nurse on duty, in addition to the person in charge. The medication round was due to start at 9am but inspectors saw that it did not commence until at least 9.40am and at 11.30am it was still not completed.

In addition to the staffing deficiencies noted in the care area, on the morning of inspection a member of the ancillary team had called in sick which placed pressure on the team as the staff replacing the sick staff member was unable to work the full shift. A review was also required to ensure that sufficient and adequately skilled ancillary staff were available to cover for unexpected absences.

In light of the findings on inspection as outlined in outcome eight and eleven, a full staffing review was necessary to ensure that there was suitable and adequate staffing numbers and skill mix on duty at all times to meet the assessed needs of the residents.

Judgement:
Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

Ciara McShane
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Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	St Ursula's Nursing Home
Centre ID:	ORG-0000171
Date of inspection:	12/06/2014
Date of response:	14/07/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with 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.

Outcome 04: Records and documentation to be kept at a designated centre

Theme:
Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All records were not adequately kept up to date and in good order. A number of files required the information contained within to be condensed, reviewed and archived. Paperwork within the files required to be replenished and reviewed.

Action Required:
Under Regulation 22 (1) (ii) -(iii) you are required to: Keep the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) up-to-date and in good order and in a safe and secure place.

Please state the actions you have taken or are planning to take:
The Person in Charge is archiving all documentation. All residents' files are reviewed

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

regularly and updated as required. There were care plans that were similar in the resident's files but had been updated with the residents changing needs and dated as such. The Person in charge will archive these accordingly. The Person in charge will ensure that the old care plans are archived as the plan of care changes.

The Emergency plan is being updated.

Proposed Timescale: 30/07/2014

Outcome 06: Safeguarding and Safety

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Although there was a policy on responding to allegations of abuse in place it failed to comprehensively outline the actions for staff on what to do the in the event of a disclosure about actual, alleged, or suspected abuse.

Action Required:
Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
Our policy has been altered to incorporate disclosure of abuse.

Proposed Timescale: 14/07/2014

Outcome 07: Health and Safety and Risk Management

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Although the centre had a risk management policy in place it was not fully implemented in practice throughout the centre.

- Risk management was not robust.

- The risk register required significant revision and updating to reflect a) all actual hazards in the centre b) the control measures c) the date the risk was identified d) the date it was reviewed and e) the risk rating.

- Control measures in place were not always effective and required revision e.g. falls management, eloping residents and manual handling.

- Infection control was not adhered to, numerous risks were identified on the day of inspection:

a) Toiletries and creams were left in bathrooms and posed the risk of communal use, in addition to ingestion
b) Toilet rolls, uncovered, were stored on top of the toilets and the shelves behind
c) A number of radiators and grab rails were rusty
d) A mop bucket and sluice hopper were heavily stained
e) Flooring was stained and silicone around toilets and sinks required replenishing
f) A toilet seat was loose
g) Incorrect waste bins were being used throughout the centre and one large skip bin posed a trip hazard in a bathroom
h) A storage unit contained incontinence wear and a soiled pair of slippers
i) Slings were stored in the cleaner's store
j) Vents were poorly maintained
k) Dried flowers were placed on top of the toilet

Action Required:
Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Please state the actions you have taken or are planning to take:
The Person in Charge/Proprietor have rewritten the Risk management policy and a new risk register has been devised . All staff are attending teaching programmes in house on how to identify, record and report risks. All staff will also receive in house training on the new policy and the changes to this policy. The risk analysis is currently been rewritten and updated as per new policy and procedure, this process will be ongoing. Although staff had recent training on Infection control the Person in Charge is organising additional teaching on the importance of infection control.

a) Toiletries and creams are all kept in the residents own rooms and there are no sharing of products
b) New toilet roll holders are now insitu.
c) The radiators and grab rails are also being treated by maintenance.
d) The mop bucket has been removed
e) Flooring is also being replaced throughout the centre this has been ongoing and is happening in stages.
f) The toilet seat has been rectified
g) The domestic waste bins were removed from the bathrooms and the correct pedal bins are now in situ.
h) The storage unit has been removed completely
j) Hoist slings have been moved from the storage room into an alternative area
k) The dried flowers have been removed and disposed of.

Proposed Timescale: 01/08/2014

Theme:

Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
- The emergency plan in place was inadequate and failed to clearly identify the evacuation plan in the event of fire.

- Each resident did not have a personal emergency egress plan.

Action Required:
Under Regulation 31 (3) you are required to: Put in place an emergency plan for responding to emergencies.

Please state the actions you have taken or are planning to take:
The emergency plan is being updated and a Personal Emergency Evacuation Procedure put in place for all residents.

Proposed Timescale: 30/07/2014

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were hazards identified throughout the centre, on the day of inspection, that placed residents at risk:

- Pliers were left unsupervised on the external grounds.
- The outhouse, containing work tools, was left unlocked.
- Cigarette butts and overflowing ashtrays were beside an area that had been identified as a combustible hazard.
- Lighting in the hallway was poor on the day of inspection.
- A motorbike was inappropriately parked amongst garden furniture at the end of an exit ramp.
- Hand rails were obstructed.
- Control measures were not in place in practice for example manual handling.

Action Required:
Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Please state the actions you have taken or are planning to take:
The entire outside area has been cleared of all unwanted materials and a designated smoking area for staff is under construction.

A lock has also been added to the outside shed.

Staff will be reminded to ensure that the lights in the hallway are turned on at all times.

Since inspection we have put in place a yellow emergency access area/clear way box for emergency vehicles.

Staff of St. Ursula's are receiving teaching sessions on the importance of reducing risk in the centre, this is been delivered by the provider and the Person in Charge.

The provider and the Person in charge have rewritten the risk management policy and are updating all staff accordingly. They are reminded to keep corridors clear at all times and to ensure that grab rails are not obstructed by the chairs that are on the corridor.

All staff will receive updated training on Falls prevention and have received training on safe handling loads. The training is provided by a qualified trainer who is also a physiotherapist. Falls management and prevention will be the second week of August.

Proposed Timescale: 08/08/2014

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Grab rails were inadequately provided in some bathrooms and required review with the assistance of an occupational therapist.

Action Required:
Under Regulation 31 (4) (b) you are required to: Provide handrails in circulation areas and grab-rails in bath, shower and toilet areas.

Please state the actions you have taken or are planning to take:
We have ordered a new grabrail for the bathroom upstairs

Proposed Timescale: 14/07/2014

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire escapes and stairwells were partially blocked by:

- Bags of goods

- Large waste bins

Action Required:

Under Regulation 32 (1) (b) you are required to: Provide adequate means of escape in the event of fire.

Please state the actions you have taken or are planning to take:
The 1100 litre waste bin has been moved an alternative location at the back of the building.

The stairwells are now clear of all obstructions.

Proposed Timescale: 14/07/2014

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A fire extinguisher was blocked by a hoist and therefore in an emergency difficult for staff to access.

Action Required:
Under Regulation 32 (1) (c) (i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
The extinguisher has now been moved from the area where it was blocked by a hoist. The new location is the other side of the fire door in the same zone.

Proposed Timescale: 14/07/2014

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Although the staff member spoken with was aware of the evacuation procedure in the event of a fire it was not clearly outlined in the emergency plan and required revision.

Action Required:
Under Regulation 32 (1) (c) (iii) you are required to: Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

Please state the actions you have taken or are planning to take:
Emergency plan is being updated

Proposed Timescale: 01/08/2014

Outcome 08: Medication Management

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Significant improvements were required in the administration of medications in addition to the systems and procedures in place to prescribe and transcribe drugs.

- Hand Hygiene prior to and during medication administration was poor
- The system used to check that medication against the prescription is unsatisfactory
- Procedures for transcription of control drugs by a nurse in addition to the procedures for anticoagulation medication required review
- The system to review and analysis medication errors and identify learning from previous errors required development
- The prescription sheet failed to identify maximum dose for PRN medication (medication as required)

Action Required:
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:
All staff nurses are receiving one to one medication assessments on competencies and the importance of hand-washing between each resident.

All medication on the drug administration charts will be reviewed. A comprehensive list of medications (generic and trade names included) is now at the front of the medication folder and an identifier picture of the drug in-situ. This will assist all nurses in the identification of all medication used in St Ursula's.

The importance of checking the actual drug not only the name was reiterated to all nurses.

Learning from the previous incidents has occurred and they have been highlighted to all staff members in our risk management.

All controlled drugs in St Ursula's are prescribed and administered as per An Bord Altranais Guidelines, by our General Practitioners and our staff nurses. The General Medical Service script is written and typed by the General practitioner .The medication administration chart is then printed and signed by them.

Practices with the General Practitioner and our Pharmacist regarding anti coagulation and controlled medications are being revised.

All drug charts were reviewed and charts which were missing maximum as required doses have been rectified

Proposed Timescale: 31/08/2014

Outcome 11: Health and Social Care Needs

Theme:
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no assessment of resident's preference regarding their social care needs and it was unclear if residents participated in activities appropriate to their interests and capacities.

Action Required:
Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

Please state the actions you have taken or are planning to take:
All residents are assessed on admission and have a care plan in place on their social preferences. The Person in Charge is working on having more substantial documentation to uphold this. We are completing all life stories for our residents and have a large family involvement in this process. Daily records are kept by the care staff which documents all activities throughout the day, this has been in place since 2011.

Proposed Timescale: 31/08/2014

Theme:
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no comprehensive analysis of the falls to establish if the control measures in place for falls prevention were adequate but also to ascertain if staffing levels were sufficient to support those that required enhanced observations as a result of their falls.

Action Required:
Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

Please state the actions you have taken or are planning to take:
Falls are audited on a monthly basis but also when a fall happens. Control measures are put in place to attempt to prevent this happening again. Training sessions have been organised for all staff on the first week of August this is provided By a trained

physiotherapist and moving and Handling trainer. A comprehensive analysis will also be in place to ensure that the control measures are adequate maintaining the residents welfare and wellbeing and taking into account their dependency and needs.
Staffing levels are also being looked at within the high risk times The Person in charge is working 2 night shifts to determine what are the busiest times and will staff accordingly.

Proposed Timescale: 15/08/2014

Theme:
Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no evidence that residents were consulted with in the development or revisions made to their care plans.

Action Required:
Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

Please state the actions you have taken or are planning to take:
There is now a signing sheet in place for all residents who are involved in the planning of their care those residents who are unable to sign their Next of Kin are fully involved in the plan of care.

Proposed Timescale: 31/08/2014

Theme:
Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no documented evidence that residents were notified of any care plan reviews.

Action Required:
Under Regulation 8 (2) (d) you are required to: Notify each resident of any review of his/her care plan.

Please state the actions you have taken or are planning to take:
All residents are consulted about their careplans, we have now added a signing sheet to care plans and those who are able to sign will do so and those who cannot their Next of Kin are signing and fully involved in the plan.

Proposed Timescale: 30/08/2014

Theme:
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Care plans were not always reviewed to ensure that care plans were current, accurate and relevant to the resident's individual needs.

Action Required:
Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

Please state the actions you have taken or are planning to take:
All care plans had been updated and reviewed by the nurse on duty on the day of inspection. The older care plans are now being archived by the Person in Charge

Proposed Timescale: 30/08/2014

Outcome 12: Safe and Suitable Premises

Theme:
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While assisting a resident to mobilise with the use of a hoist staff had to remove items from the resident's room and place in the hallway until the task was complete. Therefore the room was not of adequate size to meet the needs of the resident.

Action Required:
Under Regulation 19 (3) (f) you are required to: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

Please state the actions you have taken or are planning to take:
The resident that occupied this room was independently mobile on time of admission. His condition had expectedly deteriorated but he did not wish to move from this room. The Person in Charge spoke to the resident at length about the benefit of moving bedrooms but he and his family were strongly opposed against it as he liked the view from his bedroom, numerous items have been removed from the room to make it more accessible and the resident is happy and comfortable this is all documented in his care plan.

Proposed Timescale: 14/07/2014

Theme:

Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre did not have a safe and suitable external grounds for safe use by residents.

Action Required:
Under Regulation 19 (3) (o) you are required to: Provide and maintain external grounds which are suitable for, and safe for use by residents.

Please state the actions you have taken or are planning to take:
This is now complete. We have a new enclosed safe outdoor area for residents to come in and out of as they please.

Proposed Timescale: 14/07/2014

Theme:
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Storage was insufficient. Hoists were stored under stairwells beside the emergency exits and bags of incontinence wear and laundry powder were also stored beside a stair well.

Action Required:
Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

Please state the actions you have taken or are planning to take:
This has been rectified.

Proposed Timescale: 14/07/2014

Theme:
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All parts of the designated centre were not kept clean;

- Inspectors saw numerous cigarette butts and overfilled ashtrays on the external grounds.
- A shopping trolley, filled with debris, was placed at the back of the centre
- Four soiled buffing pads were outside on the ground
- Bins outside were overflowing

Action Required:

Under Regulation 19 (3) (d) you are required to: Keep all parts of the designated centre clean and suitably decorated.

Please state the actions you have taken or are planning to take:
This has now been completed.

There is a new designated smoking area for staff under construction.
The rear of the premises has been uncluttered and kept in good order.

Proposed Timescale: 14/07/2014

Theme:
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The washing machine was in poor state of repair.

Architrave was damaged and required repair and repainting.

Action Required:
Under Regulation 19 (3) (b) you are required to: Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
The washing machine is maintained on a regular basis by a reputable contractor. At the time of inspection we were awaiting a seal for the door to come from Italy which is taking longer than anticipated as the contractor is still waiting on this part but the washing machine is fully operational. He has assured us it will be on the premises by the 14 August.

The architrave in question has been painted.

Proposed Timescale: 14/08/2014

Theme:
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Parking available at the centre was inadequate, in particular there was no designated area for emergency services or disabled parking.

Action Required:
Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

Please state the actions you have taken or are planning to take:
A designated area for emergency services and disabled parking is now in place.

Proposed Timescale: 14/07/2014

Outcome 16: Residents Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The toilet, visible from the ramp, infringed on resident's privacy.

Action Required:
Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

Please state the actions you have taken or are planning to take:
We are in the process of enclosing the entrance to the service ramp beside the resident's toilet which is already an unauthorised area and we are installing a check strap on the window, this will ensure that the privacy and dignity of our residents is maintained at all times.

Proposed Timescale: 31/07/2014

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The rights of residents were not always respected or taken into consideration:

- The language used in some documents was not age appropriate and did not maintain the dignity of residents e.g. 'cot sides'

- All residents did not have their right to freedom respected. The residents upstairs were limited due to the keypad mechanism placed on doors and all exit points to the building were also secured by keypad mechanisms therefore placing limitations on residents.

- The CCTV system required review to ensure that resident's privacy was not impinged on.

Action Required:
Under Regulation 10 (f) you are required to: Put in place arrangements to facilitate

residents in the exercise of their civil, political and religious rights.

Please state the actions you have taken or are planning to take:
The mention of "cot sides" has been removed from the one care plan. This was an oversight. We have reiterated to all staff to use the correct terminology.

All 7 residents who are currently residing upstairs have the potential to elope from St Ursula's and are now being re risk assessed.

The potential risk of a resident falling down the stairs or having an accident if the doors were not restricted is a much higher risk. All residents have agreed that they feel safer with the present system in place and always want a member of staff to assist them on the stairs.

All residents, staff and visitors are aware that we have CCTV on the premises, highlighted by the signage on the front door and also the nurses' station. There are only cameras in the communal areas of our building. All camera's in the sitting room area will be disconnected and residents will be informed of same.

St Ursula's nursing home is registered with the Data Protection Commissioner.

Proposed Timescale: 31/07/2014

Outcome 17: Residents clothing and personal property and possessions

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The personal property and possessions records for residents had not been updated since their admission.

Action Required:
Under Regulation 7 (2) you are required to: Maintain an up to date record of each residents personal property that is signed by the resident.

Please state the actions you have taken or are planning to take:
There were 3 files in question in relation to personal possessions. One of these residents had no property chart insitu this has since been rectified and 2 did not have any new possessions brought into St Ursula's and the staff omitted to document that there were no new possessions.

Proposed Timescale: 14/07/2014

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Review of the numbers of staff and skill mix of staff are required to ensure that the assessed needs of the residents are met :

- There was a high number of unwitnessed falls
- The medication administration round on the day of the inspection commenced at 9.40 and was still in progress at 11.30am
- A staff member was ill ,however the replacement could only work part of a shift

Action Required:
Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
The falls are being addressed and we have a new risk register and policy and procedures in place. Staff are receiving in house teaching on our new policy by the Person in Charge. The measures in place for our high risk residents are working well, with full participation from the residents and staff.

Medication management is on-going. We continue to have updates from our Pharmacist and the Person in Charge.
Staffing is being looked at, taking into account the needs of our residents.

Proposed Timescale: 31/07/2014

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Evidence that all staff were trained and had attended appropriate refreshers was found to be inadequate. A robust training needs analysis and training matrix was required.

Action Required:
Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

Please state the actions you have taken or are planning to take:
A alternative training needs analysis template has been devised to ensure that it is evident that all staff are up to date with their training.

Proposed Timescale: 14/07/2014