<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Heatherlee Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000237</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Lawlor's Cross, Tralee Road, Killarney, Kerry.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>064 6633 944</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:catherine2mile@hotmail.com">catherine2mile@hotmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Mary O'Brien</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Mary O'Brien</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Col Conway</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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<td>Type of inspection</td>
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<tr>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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**About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
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<tr>
<th>From</th>
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<tr>
<td>30 July 2014 09:45</td>
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<tr>
<td>31 July 2014 09:00</td>
<td>31 July 2014 16:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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<tr>
<td>Outcome 02: Governance and Management</td>
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<td>Outcome 03: Information for residents</td>
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<td>Outcome 04: Suitable Person in Charge</td>
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<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<td>Outcome 06: Absence of the Person in charge</td>
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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<td>Outcome 09: Medication Management</td>
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<td>Outcome 10: Notification of Incidents</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
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<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

Heatherlee Nursing Home was registered in September 2011 following an application to the Authority for registration as a designated centre for dependent persons. Monitoring inspections were undertaken in March and October 2012 and July 2013. The inspection reports from all of the above mentioned inspections can be viewed on the Authority’s website, www.hiqa.ie, using centre identification number 0237.

During this inspection, the inspector met with some of the residents and staff members and reviewed the premises, observed practices and reviewed documentation such as residents’ nursing records, residents’ medical records, accident and incident records, policies and procedures and some records maintained...
on staff files.

The inspector found evidence that residents received person centred care from staff that knew them and their preferences well, they had access to allied health professionals, they had choice in what they did during the day and the premises was well maintained. The Action Plans at the end of this report identify areas where improvements are needed to fully meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.
**Outcome 01: Statement of Purpose**

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspector found evidence that sufficient resources had been made available to ensure the effective delivery of care that was outlined in the written Statement of Purpose. As will be further addressed in Outcomes eight, 12 and 18; the premises and equipment were kept in a good state of repair and staff were provided with education and training opportunities. There was a defined management structure, as will be

**Judgment:**
Non Compliant - Minor

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**Outcome 02: Governance and Management**

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspector found evidence that sufficient resources had been made available to ensure the effective delivery of care that was outlined in the written Statement of Purpose. As will be further addressed in Outcomes eight, 12 and 18; the premises and equipment were kept in a good state of repair and staff were provided with education and training opportunities. There was a defined management structure, as will be
further addressed in Outcomes four and six.

There was evidence that the quality of care and experience of the residents were monitored on an ongoing basis. The centre had a system in place to review and monitor the quality and safety of care and the quality of life of the residents, for example:
• a resident/relative questionnaire had been circulated for comment on satisfaction with the service and action had been taken on residents' feedback
• clinical data was maintained and analysed for occurrence rates, such as, chest or urinary tract infections, any falls, use of sedation and reports of pain.

There were audit reports of reviews of various aspects of the service and practices, such as, general environmental hygiene, medication management and health and safety.

The inspector found there was ongoing consultation with residents and/or their representatives and this will be further discussed in Outcome 16.

**Judgment:**
Compliant

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**Outcome 03: Information for residents**

*A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**
Governance, Leadership and Management

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

**Findings:**
A written guide in respect of the centre was available to residents and it clearly outlined the accommodation and services that were provided. There was evidence that each resident had an agreed written contract in place that dealt with; the care and welfare of the resident, the overall services to be provided and the details of all fees being charged to the resident.

**Judgment:**
Compliant

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**Outcome 04: Suitable Person in Charge**

*The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Governance, Leadership and Management
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge (PIC) held a full time post in the centre, she was a registered nurse and she had the required experience in the area of nursing the older person. The PIC had been the Director of Nursing in the centre since 1997 and during the inspection she demonstrated the necessary knowledge in regard to the Regulations and the Authority’s Standards.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
The inspector reviewed the insurance policy documentation and there was evidence that the centre was insured against accidents or injury to residents, staff or visitors.
The inspector found the records that are required to be maintained as listed in Schedules 2 (staff records) and 4 (general/other records) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, were in place.

While most of the policies and procedures as required by Schedule 5 were in place, there was no fire safety management policy and the risk management policy did not contain all of the required information as outlined in article 26 of the Regulations:
• the unexplained absence of any resident
• accidental injury to residents, visitors or staff
• aggression and violence
• self harm
• arrangements regarding serious incidents or adverse events involving residents.
The inspector found that some residents' nursing records were not up-to-date and this will be further addressed in Outcome 11.

**Judgment:**
Non Compliant - Minor

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### Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspector was informed that the PIC had not been absent for a length of time that required notification to the Chief Inspector. The PIC was supported in her role by a senior nurse and she provided the service in the absence of the PIC.

**Judgment:**
Compliant

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### Outcome 07: Safeguarding and Safety

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

**Theme:**
Safe care and support

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

**Findings:**
There was a written policy for the prevention, detection and response to abuse and training records indicated that staff had been provided with training in the signs and symptoms of abuse and their responsibilities with regard to reporting an allegation of abuse. Staff spoken to confirmed the provision of elder abuse awareness training and they knew what constituted abuse and what to do in the event of an allegation of abuse.
The inspector reviewed a sample of the records kept in regard to residents’ finances and systems were in place to safeguard residents' money.

The centre had a policy and procedures in place for managing behaviours that challenge and relevant training had been provided to staff.

**Judgment:**
Compliant

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**Outcome 08: 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(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that the necessary measures had been taken to mitigate the risks of injuries to residents' in regards to the previous inspection findings and the health and safety of residents, visitors and staff was promoted as:
- an up-to-date health and safety statement was in place with risks and the necessary safety measures identified and there was evidence of ongoing monitoring of same
- a written emergency plan was in place and it was specific to the centre
- records were maintained of monitoring residents’ clinical risks and there was evidence that appropriate interventions and measures were in place
- procedures consistent with the standards published by the Authority were in place for the prevention and control of health care associated infections and there was adequate supply of protective personal equipment for staff, such as, disposal aprons and gloves as well as anti-microbial hand gel dispensers
- written confirmation from a competent person that all the requirements of the statutory fire authority had been complied with had been forwarded to the Authority and records confirmed that fire equipment, fire prevention and suppression system checks were up to date
- training records indicated that mandatory training in fire safety and moving and handling had been provided for staff
- maintenance records indicated that clinical and non-clinical equipment as well as services throughout the centre were checked and serviced regularly
- lighting was sufficient, hand rails were in the required places and corridors and emergency exit routes were unobstructed.

Both the fire safety management and risk management policies have already been addressed in Outcome five.

**Judgment:**
Compliant
**Outcome 09: Medication Management**

Each resident is protected by the designated centre’s policies and procedures for medication management.

**Theme:**
Safe care and support

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

**Findings:**
There was a medication management policy and procedures available in the centre in relation to the ordering, prescribing, storing and administration of medicines. The inspector reviewed a sample of residents’ individual medicine prescription charts and they were clearly labelled, they were legible and there was evidence that residents’ medicine prescriptions were reviewed regularly by a medical practitioner and a pharmacist. There was evidence of monitoring of medication management practices as relevant review and auditing was undertaken.

Review of records and observation of practices indicated nursing staff were in adherence with professional guidelines and regulatory requirements in regard to storage and administration of all medicines. There were also appropriate measures in place for the recording, storing and disposal of out of date medication.

**Judgment:**
Compliant

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**Outcome 10: Notification of Incidents**

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe care and support

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

**Findings:**
The inspector reviewed records that were maintained of any incidents and accidents occurring in the centre that involved residents and the documentation in place outlined any event and the management of same. There was evidence that accidents and incidents were reviewed by the PIC and a review of notifications submitted to the Authority indicated that all notifications had been forwarded within the required time frames.
## Judgment:
Compliant

### Outcome 11: Health and Social Care Needs

Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s 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(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

### Findings:
Throughout the inspection it was obvious to the inspector that staff knew residents and their individual care needs well and a friendly and relaxed atmosphere between staff and residents was observed.

The inspector reviewed a sample of residents' medical and allied health records and there was evidence that residents continued to have regular review by general medical practitioners and access to allied health services, such as, speech and language therapy and dietician services were available. There was evidence that nursing staff provided care in accordance with any specific recommendations made by medical and other allied health professionals.

A sample of residents’ nursing records were reviewed by the inspector and daily nursing notes demonstrated that evidence-based nursing care was provided and residents’ progress was closely monitored. The nursing records indicated that if a resident deteriorated it was quickly identified and managed appropriately. Recognised nursing assessment tools were used and nursing care plans were in place, however, some of the nursing care plans were not reviewed every four months or more often if a resident’s circumstances changed as is required by the Regulations.

### Judgment:
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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.
Theme:
Effective care and support

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

Findings:
The necessary equipment was available such as, hoists, wheelchairs, commodes and shower chairs and as already addressed in Outcome 8, records indicated that equipment was maintained in good working order. The centre was clean, bright and tidy and residents confirmed that this was usual for the centre. The premises overall was maintained to a good standard. Paintwork was in a good condition and fittings, fixtures and furniture were of good quality. There was evidence of an ongoing maintenance programme being in place and the provider was able to outline to the inspector proposed upgrading work, such as, where sections of floor covering were to be replaced. There was a functioning call bell system in place as already addressed in Outcome 8.

The centre is currently registered to provide accommodation for up to a maximum of 22 residents and bedrooms consisted of single and twin rooms. Some of the bedrooms had full en suite facilities including a toilet, wash-hand basin and shower and some had only a wash-hand basin. It was noted that appropriate beds and mattresses were in place to meet residents’ needs. There was a sufficient number of communal toilet and washing facilities for residents who did not have an en suite toilet and/or shower and the communal facilities were located within close proximity of bedrooms as well as seating and living spaces. There were also suitable sluice and laundry facilities.

There was a communal seating/living room, a dining room and a room for residents to meet visitors. The centre was decorated in a homely and comfortable way and there was a separate kitchen with sufficient cooking facilities. There was an enclosed outdoor area that was accessible from within the centre and there was provision of car parking for visitors and staff.

Judgment:
Compliant

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(s):
No actions were required from the previous inspection.
Findings:
The inspector reviewed records of any complaints made by residents and/or their representatives and the documents provided details of a complaint, any investigation and the ongoing management of same. Residents confirmed they would freely speak to the PIC/provider if they had any reason to complain about any aspect of the service. A written complaints policy was available in the centre and a person to manage complaints was identified. A complaints procedure was available in a prominent place for residents and/or their representatives, however, the steps for making a complaint and the process involved were not clearly stated. The PIC confirmed the complaints procedure needed review.

Judgment:
Non Compliant - Minor

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
There was a written policy and procedures in place in regard to provision of end of life care and residents had access to specialised community palliative care services when required. The inspector reviewed the records of two residents who had recently received end of life care and they indicated that their end of life care preferences had been identified. The residents had received frequent medical input and individualised nursing care that met their specific needs and requests. The PIC/provider confirmed that family and friends were facilitated to be with a resident at end of life and this was also confirmed in residents' records.

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
As required by Schedule 5 of the Regulations, there was a written policy and procedures in place in relation to monitoring and documentation of nutritional intake. Processes were in place to monitor and support any resident that had specific requirements in regard to their food and fluid intake. There was evidence in residents’ records that their body weights were taken regularly and a well-recognised nutritional assessment tool was used frequently to monitor each resident’s nutritional status. If a resident had any deterioration in regards to their food and/or fluid intake it was brought to the attention of a medical practitioner in a timely manner. If required referrals were made to dietician services and/or speech and language therapy and there was evidence that the allied health recommendations were implemented by nursing and catering staff.

The inspector reviewed up to date information maintained by catering staff of residents’ individual preferences and dietary requirements and the catering staff member spoken with was well informed regarding residents' nutritional needs. It was noted that food and drink was provided at times and in quantities that matched residents’ assessed needs. Menus were available for residents and they indicated choice of food and residents also had access to fresh drinking water, hot drinks and snacks between main meals. Residents ate their meals while seated at dining tables in the dining area or at individual tables in the lounge area. Residents were also facilitated to eat in their own private bedroom accommodation if they wished. Staff were observed assisting residents to eat, if they required it, using appropriate assisted eating techniques. Meal times were observed to be relaxed and unhurried and meals were served in an appetising manner.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident’s 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
Residents were consulted with and their feedback was sought in regard to organisation of the centre as there were residents’ group meetings held approximately every one to two months. The inspector reviewed the minutes from the meetings that were facilitated
by the PIC and the records indicated that overall residents were satisfied with the service. Suggestions were in relation to food and recreational/social activities and there was evidence that action had been taken in response to the residents’ suggestions. As already addressed in Outcome two, residents had also been offered opportunities to give feedback via a questionnaire in relation to their satisfaction with various aspects of the service. Independent advocacy services were also available for residents.

It was obvious to the inspector that staff and residents knew each other well and staff demonstrated skill in communicating with residents, some of whom had specific communication needs. Staff were observed encouraging residents’ independence by allowing them to do as much for themselves as possible and residents were offered choice in what they wanted to do. Staff were observed being respectful of residents’ dignity by the manner in which staff engaged with residents as well as when providing assistance with personal care.

Residents having contact with their family and/or friends was promoted and visitors were welcomed at various times of the day. There was an area for residents to meet their visitors that was separate to bedroom accommodation. Home visits and outings were also facilitated. Newspapers, televisions and radios were available for residents and information was available to residents in relation to local events.

The inspector observed recreational activities for residents being facilitated by staff and there was a schedule/timetable on the dining room wall of the group and/or one-to-one activities that were available and on what days and times of the week. While there were recreational and social care plans in place they were not individualised to each resident. For example, it was not clear for resident’s whom had a dementia what their actual capacities were to partake in any of the activities on offer. The PIC confirmed that the activities programme required enhancement to ensure that it had a variety of dementia specific activities.

While screening curtains between beds were in place in the twin rooms, they were inadequate in the twin bedrooms numbered seven, eight, 11 and 15 as they did not provide sufficient privacy for the residents.

**Judgment:**
Non Compliant - Moderate

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**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(s):**
No actions were required from the previous inspection.
Findings:
There was a written policy in relation to the management of residents’ personal property and possessions and in the sample of residents’ records that were reviewed by the inspector there were inventories in place listing individual resident’s clothing and/or personal belongings. It was noted that bedrooms were personalised and each resident had bedroom furniture that was identified for their own use to store their clothing and other personal items.

There were laundry facilities on-site and arrangements were in place for the regular laundering of linen and clothing and procedures were in place for the safe return of residents’ personal clothing items. The inspector was satisfied that appropriate infection control procedures were in place in regard to management of laundry.

Judgment:
Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
Duty rosters were maintained for all staff and during the inspection it was observed that the number and skill mix of staff that were working was appropriate to meet the needs of residents. As already addressed in Outcome 2, the PIC is based full time in the centre and the shifts worked by both the PIC and the senior nurse provided appropriate supervision of staff.

Staff had been provided with mandatory training, as already outlined in Outcomes 7 and 8, and opportunities had been provided for staff to attend relevant information sessions and training, such as, dementia care, continence care, infection control and medication management.

A written recruitment policy was in place and there was evidence of substantial compliance in regard to maintenance of all of the required staff records, as per Schedule 2 of the Regulations. The PIC confirmed there were no volunteers involved with the centre.
Judgment:  
Compliant  

Closing the Visit  

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

Acknowledgements  

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

Report Compiled by:

Col Conway  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
<td>Date of inspection:</td>
<td>30/07/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>22/10/2014</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The details for making a complaint were not clear in the statement of purpose document.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Action Required:  
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.  

Please state the actions you have taken or are planning to take:  
The provider updated the statement of purpose to incorporate a clear complaints procedure.

Proposed Timescale: 11/11/2014

Outcome 05: Documentation to be kept at a designated centre  
Theme:  
Governance, Leadership and Management  

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
There was no fire safety management policy and the risk management policy did not contain all of the required information.

Action Required:  
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.  

Please state the actions you have taken or are planning to take:  
A fire safety management policy is in place and the risk management policy has been updated to include the required information.

Proposed Timescale: 08/10/2014

Outcome 11: Health and Social Care Needs  
Theme:  
Effective care and support  

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
Residents' assessments and residents' nursing care plans were not regularly reviewed and updated accordingly.

Action Required:  
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.
Please state the actions you have taken or are planning to take:
All resident assessments and care plans are being updated and reviewed four monthly or more often as required.

**Proposed Timescale:** 15/11/2014

### Outcome 13: Complaints procedures

**Theme:**
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There are some gaps in the complaints procedure.

**Action Required:**
Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

Please state the actions you have taken or are planning to take:
The complaints procedure has been updated.

**Proposed Timescale:** 11/11/2014

### 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:
Activities that were on offer did not reflect assessed capacities of each resident.

**Action Required:**
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:
An activities coordinator has been employed to ensure residents can participate in activities to suit their assessed needs and interests.

**Proposed Timescale:** 15/11/2014
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<th>Theme: Person-centred care and support</th>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The screening curtains between beds were inadequate in the twin bedrooms numbered seven, eight, 11 and 15 as they did not provide privacy for the residents.

**Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**
New rails and curtains have been ordered and will be in place.

**Proposed Timescale:** 15/11/2014