

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Windmill House Nursing Home
Centre ID:	OSV-0000303
Centre address:	Churchtown, Mallow, Cork.
Telephone number:	022 59 067
Email address:	pat@windmillnursing.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Patrick Kennedy
Provider Nominee:	Patrick Kennedy
Lead inspector:	Breeda Desmond
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	37
Number of vacancies on the date of inspection:	3

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

From:	To:
04 November 2014 10:00	04 November 2014 17:00
05 November 2014 09:30	05 November 2014 17:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
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 report sets out the findings of an announced registration renewal inspection and it was the fifth inspection undertaken by the Authority. The provider applied to renew the registration of Windmill House Nursing Home which will expire on 27 February 2015. The inspector met with the provider, person in charge, the deputy person in charge, residents, relatives, and staff members. The inspector observed practices and reviewed governance, clinical and operational documentation to inform this re-registration application.

The provider, person in charge and deputy person in charge displayed adequate knowledge of the standards and regulatory requirements and were found to be

committed to providing quality person-centred evidence-based care for the residents. There were clear lines of authority, accountability and responsibility for the running of the centre.

There was an on-going staff education programme in place and mandatory staff training requirements were up to date including elder abuse prevention and protection to safeguard residents in their care, fire safety and evacuation and manual handling. The duty roster reviewed demonstrated that there was just one nurse on duty Friday, Saturday and Sundays, so the skill mix on these days required review.

While residents' care plan documentation was in place, a lot of the information was duplicated and difficult to follow. There was documented evidence that residents or their next of kin were involved in the planning of care. However, the inspector queried how accessible these care plans were to residents, because of their format.

The physical environment was suitable for its stated purpose and was comfortable, homely and bright, nonetheless, it required redecoration throughout.

A number of completed questionnaires (4 residents and 7 relatives) were received and the inspector spoke with many residents and 2 relatives during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Residents' views were sought informally on a daily basis.

In summary, the inspector was satisfied that the centre was generally operating in compliance with the current conditions of registration granted to the centre. The inspector identified aspects of the service requiring improvement to enhance the findings of good practice on this inspection.

These improvements included:

- 1) care planning documentation
- 2) policies
- 3) health and safety risk identification
- 4) premises
- 5) staff skill mix on Friday, Saturday and Sundays.

The action plan at the end of this report sets out the actions necessary 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 (2009).

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 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 Statement of Purpose (SOP) was reviewed annually and updated in November 2014. It described a service which aimed at providing individualised care for all residents. Services and facilities were described accurately. All items listed in Schedule 1 of the Regulations were detailed including the conditions of registration.

Judgment:

Compliant

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:

There was a quality assurance programme in place which was continuously reviewed by the provider and person in charge. Clinical audits included restraint, hygiene, pressure sore and wounds, pain control management, antibiotic usage, accident and incidents, falls and catheter care and actions were identified to remedy shortfalls identified. Environmental audits including equipment were completed quarterly, with recommendations post audit, for example, repair and maintenance of equipment as well as removal of equipment.

Residents were consulted on a daily basis and their input into the daily running of the centre was encouraged and this was evidenced during inspection. The activities co-

ordinator offered a choice of group activities as well as one-to-one sessions. Some families and residents had completed the 'Life Story' book as part of their reminiscence therapy. The activities co-ordinator completed a daily activities record detailing the residents' involvement in the activity. Relatives spoken with also gave positive feedback regarding communication and involvement with their relative's care and welfare and the ease of access to all staff to discuss matters. A residents' committee/forum was discussed with the person in charge and the provider. The activities co-ordinator agreed to chair a committee for residents and to start the process following inspection.

Judgment:

Compliant

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:

Contracts of care were securely maintained in the office of the person in charge. The contracts detailed fees to be charged as well as additional fees. Samples of contracts of care for residents were examined and were signed and dated by either the resident or their next of kin in line with best practice. New contracts were issued to residents when there was a change of fees and/or change of conditions or services provided.

Judgment:

Compliant

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 post of the person in charge was full time and held by a registered nurse with the required experience of nursing dependant people. She demonstrated knowledge and understanding of the Regulations and National Standards as well as clinical knowledge to ensure suitable and safe care. Clear management and accountability structures were in place. The person in charge was engaged in governance, operational management

and administration associated with her role and responsibilities. The person in charge along with the provider, deputy person in charge and support staff demonstrated a clear commitment to delivering quality care to residents.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the records required in Schedule 2 (staffing records), Schedule 3 (residents' records), Regulation 19 (directory of residents), Schedule 4 (general records), Regulation 25 (medical records), Regulation 21 (provision of information to residents) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. However, the policy relating to staff training and development was not in place. Some of the other policies listed in Schedule 5 were not comprehensive and these will be discussed under the relevant outcomes throughout the report. Nonetheless, records were seen to be maintained and stored in line with best practice and legislative requirements.

Judgment:

Non Compliant - Moderate

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 provider and PIC was aware of their responsibilities relating to Regulation 37 and 38 regarding notification to the Authority should the occasion arise. Appropriate deputising arrangements were in place to ensure care and welfare of residents, whereby the deputy person in charge assumed responsibility. Senior nurses were part of the staff complement and assumed responsibility in the absence of the management team. The deputy person in charge demonstrated a good awareness of her regulatory responsibilities as well as clinical and risk management knowledge with associated quality assurance. She had the experience and qualifications necessary to care for dependant adults.

Judgment:

Compliant

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:

While there was policies and procedures were in place for the prevention, detection and response to abuse they were not comprehensive, for example, timelines for actions/investigations/reports were not detailed; responsibility for actions were not always assigned. Nonetheless, staff with whom the inspector spoke knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. Staff, residents and relatives confirmed there were no barriers to discussing any concerns they might have with the person in charge and their queries or concerns would be followed up. There was an on-going programme of training in providing staff with updates on the topic of elder abuse awareness. Residents stated they felt safe and secure and attributed this to the kindness of staff; positive feedback from relatives described the 'ethos of the centre, professionalism of staff that enabled choice in every aspect of care'.

Judgment:

Non Compliant - Minor

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):

No actions were required from the previous inspection.

Findings:

A health and safety statement was in place. The health and safety policy was evidenced. While it contained a section called 'organisational risk management' with risk addressed under the headings of identification, analysis, treatment/prevention and continuous evaluation, the risks identified were quite limited, for example, internal and external environment or clinical risk were not addressed. The risk assessment forms did not include continuous evaluation as described in their policy.

Accidents and incidents were recorded and a cause analysis was carried out for each occurrence. A care plan was then put in place to prevent a recurrence.

There were procedures for the prevention and control of infection. For example, hand gels were in place throughout; notices regarding appropriate hand hygiene technique were in place. However, there was no hand-wash soap or paper towels to enable appropriate hand washing in the laundry. The taps in the hand-wash sink in the clinical room required replacement. A contract was in place for the disposal of infected waste.

The kitchen was inspected. Advisory signage indicating designated areas for preparation of different foods was in place to ensure safe food preparation practices and mitigate risk of cross contamination. Placement of food in fridges was compliant with food safety and food items were labelled and dated appropriately.

There was a procedure for the safe evacuation of residents and staff in the event of fire and this was prominently displayed throughout the centre. Arrangements were in place for alternative accommodation should the premises need to be evacuated. Suitable fire equipment was provided. Arrangements were in place for reviewing fire precautions such as ensuring the alarm panel was working and the testing of fire equipment. However, suitable fire safety precautions in relation to ensuring exits were unobstructed were not maintained. The fire alarm was serviced regularly and all fire equipment was serviced on an annual basis. Staff received training in fire safety and a record was maintained of such training.

The smokers' room was alongside main reception. It had an extractor fan as well as adequate natural ventilation and fire safety equipment.

Measures were in place to prevent accidents. For example, hand rails were on corridors, grab rails were in toilets, the floor covering was safe and access and egress from the centre was monitored. However, some door saddles required review as they were uneven and deemed a trips or falls risk, for example, the doorway leading out of the hairdresser's room.

Staff were trained in moving and handling of residents. Records were maintained of this and practices observed were satisfactory. Suitable equipment was available to assist with moving and handling, including hoists.

Judgment:

Non Compliant - Moderate

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 centre-specific up-to-date medication management policy detailing procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. Nursing staff with whom the inspector spoke demonstrated best practice regarding administration of medicines. Photographic identification was in place for all residents as part of their prescription/drug administration record chart. Controlled drugs were maintained in line with best practice professional guidelines. Medication trolleys were securely maintained within the locked nurses' office. A nurses' signature sheet was in place as described in professional guidelines.

Medication management audits were completed regularly and these were evidenced during inspection. Medication reviews were completed at least every three months and this was evidenced on residents' prescriptions. The pharmacist attended the centre on a regular basis to do a complete review of residents' medication management as well as education sessions with staff. Residents' medication management documentation contained an 'antibiotic tracking sheet' where staff recorded the date, antibiotic, duration of prescription, reason for antibiotic and whether it was effective or not. Staff stated that this was invaluable as it was an easy reference especially for residents' who required frequent antibiotic therapy.

Judgment:

Compliant

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:

Notifications received by the Authority were reviewed upon submitted and prior to this inspection. Notifiable incidents and quarterly returns submitted to the Authority were timely and comprehensive. A record was maintained of incidents occurring in the centre

and these correlated with residents' care plans. The provider and person in charge were aware of the changes to the Regulations regarding notifications and these changes were discussed on inspection.

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):

No actions were required from the previous inspection.

Findings:

While care plans with associated risk assessments were in place, they were difficult to follow. A lot of the information was duplicated under different sections. Personal information to inform person-centred care was often not included and did not reflect the depth of knowledge demonstrated by staff. The layout of the care plans was not in an easily accessible format for residents.

Residents had timely access to GP services and allied health services including physiotherapy, dietician, speech and language therapy, optician, dental and chiropody services. Residents' weights and other observations were completed on a monthly basis and more frequent if their clinical condition warranted and there was evidence of this. Consent was obtained from the resident or in the case of those with cognitive impairment, discussion with their next of kin. Resident and relatives feedback forms indicated that care planning was discussed with them.

Residents had opportunities to participate in meaningful activities appropriate to their interests, needs and capacity. As part of residents' documentation their past and present interests and hobbies were recorded and these informed activities and recreation. Several residents stated they enjoyed card playing, art, knitting, bingo, and music. The inspector joined residents on both days of inspection during their activities programme. There was lively discussion and interaction between residents and staff during art. The musician facilitating the music session was superb with residents and involved everyone in the activity. Residents performed recitations and sang; danced with each other and staff in a lovely atmosphere. Other activities available to residents included exercises and visits to local places of interest. Photographs were available as a record and a memory of such trips. A theatre company visited the centre approximately five times per year. Parties also took place to celebrate birthdays, anniversaries or other significant events in the lives of residents and their families. A remembrance mass took place each November to pray for all residents and relatives who died in the previous year.

There was an enclosed garden to enhance outdoor activities with seating areas and walkways. Both residents and relatives relayed to the inspector the 'enjoyment' they got from the 'garden and the good weather this year'.

A policy on managing behaviour that is challenging was in place. Efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge. The support of the community psychiatry service was availed of as appropriate to residents' needs. While there was a 'clinical pathway for use of restraint' it did not direct staff to risk assess residents for the appropriate use of restraint, such as bed rails.

Judgment:

Non Compliant - Minor

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 design and layout of the centre fitted with the aims and objectives of the statement of purpose and the centre's resident profile. It promoted residents' independence and wellbeing. There was a functioning call bell system in place and there was suitable storage for residents' belongings. There were hand-rails in circulation areas and corridors were kept clean and tidy. There was appropriate lighting, heating and signage. Adequate space was available for privacy. There was a variety of communal space available. There was a spacious and attractive secure garden available for residents. Nonetheless, the décor and maintenance throughout the nursing home was in need of attention including painting, woodwork, door saddles and flooring in en suites. There was a large wet room with shower and toilet facilities. This was used as a storage area for incontinence wear, trolley, bins and hoists; the hairdresser also used this room. The inspector requested that the purpose and function of this room be identified and refurbished accordingly.

The room dimensions met the requirements of the National Quality Standards for Residential Care Settings for Older People in Ireland for existing centres and the size and layout of bedrooms were suitable to meet the needs of residents. Each bedroom had an en suite shower, toilet and wash-hand basin. There were a sufficient number of other toilets, bathrooms and showers to meet the needs of residents. Records were maintained of servicing.

There was a well equipped and well stocked kitchen. Satisfactory environmental health officer reports were evidenced. Appropriate work-flows were described by the chef to ensure best practice in the kitchen. Kitchen staff had received appropriate training and suitable staff facilities for changing and storage were provided.

Judgment:

Non Compliant - Moderate

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:

Written operational policies and procedures were in place for the management of complaints. The complaints process was displayed in a prominent place and residents were aware of it. Residents expressed confidence in the complaints process and stated they had no difficulty in speaking with staff and felt their concerns or queries would be dealt with. The complaints log was examined and the nature and detail contained in the record complied with the requirements of regulations. There was evidence that all complaints were valued and followed up upon. The person in charge was the person nominated to deal with complaints and she maintained details of the complaint, the results of any investigations and the actions taken. An independent person was available if the complainant wished to appeal the outcome of the complaint.

Judgment:

Compliant

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:

Care practices ensured residents received end of life care in a way that met their individual needs and respected their individual religious and cultural practices. Family and friends were facilitated to be with residents during the active stage of end of life. Residents had the option of a single room and access to specialist palliative care services. Staff had received training in end of life care and appropriate symbols were in

place to remind staff in a sensitive way that a resident was receiving such care. Divergent spiritual needs were facilitated and Mass was held in the centre weekly.

Care plans demonstrated that end-of-life care wishes were not always discussed to ensure care would be delivered in accordance with residents' desires and requests. The person in charge discussed this with the inspector. She had identified this as an area for remedy and developed a form called 'AND' – allow natural death, to enhance their end of life documentation. This form enabled staff and the doctor to document the resident's end-of-life wishes succinctly.

There was a policy in place for end-of-life care, however, it was not comprehensive and it concentrated on the active stage of end-of-life care and not the overall end-of-life care wishes of the resident.

Judgment:

Non Compliant - Minor

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:

There was a policy in place for risk assessment, monitoring and documentation of nutritional status. There was a reference folder available in the dresser in the dining room which contained details of specialist consistency diets for staff. Each resident's dietary requirements were detailed for the chef, this included consistency, specialist diet, portion size and resident's choice of time for meals. The chef discussed dietary requirements with the inspector and demonstrated knowledge regarding specialist diets and consistency for residents. The inspector observed that all meals including special consistency meals were well presented and visually appealing. Staff had completed training in modified consistency food preparation. Residents' weights were documented on a monthly basis or more often if their clinical condition warranted. Residents had access to fresh water and other fluids throughout the day and feedback from residents spoken with concurred that meals and meal time was a positive experience. Choice of fluids, meals, snacks was provided. Residents had their breakfast in their bedrooms. The inspector observed lunch and tea time in the dining room and this appeared to be a pleasant and relaxed experience. Residents were assisted in an appropriate manner, respectful of residents' dignity. Menu with choice was displayed in large print in the dining room. Mid-morning and mid-afternoon refreshment composed a variety of fluids and snacks.

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:

The person in charge met with residents on a daily basis and sought feedback. Residents were enabled to make choices about how they lived their lives in a way that reflected their individual preferences and needs. The choices facilitated their independence. For example, one resident visited his brother every Wednesday afternoon and then went card-playing; another resident relayed that she planned to go card-playing on St. Stephen's Day; some residents attended the day centre.

Residents' capacity to exercise personal autonomy was respected. For example, provision was made for adequate storage space for clothing and personal possessions, lockable storage was provided and residents had a choice of when to get up and go to bed. Residents were enabled to make informed decisions about the management of their care through being consulted about their care plans. Emphasis was placed on engaging with relatives in the provision of care.

The open visiting policy was observed throughout the inspection. Relatives spoken with commended staff on how welcoming they were to all visitors. The inspector observed the residents' privacy and dignity being respected and promoted by staff in the provision of personal care.

Judgment:

Compliant

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:

A policy on residents' personal property and possessions was in place, however, this was not comprehensive. While it detailed that residents' personal property was recorded on admission, subsequent recording was not detailed to ensure that each resident retained control over their belongings.

Adequate space was provided for each resident for their personal possessions. Residents' bedrooms were comfortable and many were personalised with residents' own cushions, ornaments, furniture, pictures and photos.

Residents expressed satisfaction with laundry management. The systems in place to safeguard residents' finances and valuables was in accordance with best practice.

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:

There was a safe and robust recruitment process. The sample of staff files reviewed demonstrated that all the requirements listed in Schedule 2 for each member of staff was in place. Staff appraisals were conducted on a regular basis by the person in charge. A staff rota was maintained and showed that a nurse was on duty at all times.

Current registration with regulatory professional bodies was in place for all nurses. The staff training matrix examined demonstrated that mandatory training was up-to-date. Other staff training completed in the previous 12 months comprised end of life care, manual handling, dysphagia (swallowing difficulties), medication management, first aid, hand hygiene, adult protection, dementia, wound care and fire safety.

Nursing staff numbers was adequate to meet the assessed needs of residents from Mondays to Thursdays with two nurses and the person in charge on duty each day. However, there was just one nurse on duty Friday, Saturday and Sundays to fulfil all the clinical duties, for example, assessment of all residents, medication rounds and wound care; the inspector requested that this be reviewed in line with health, safety and risk as

staff could not be appropriately supervised or supported to ensure best practice care and welfare.

Judgment:

Non Compliant - Moderate

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:

Breeda Desmond
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Windmill House Nursing Home
Centre ID:	OSV-0000303
Date of inspection:	04/11/2014
Date of response:	01/12/2014

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 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:

A policy relating to staff training and development was not in place.

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.

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

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

We will put together and write up a policy re Staff Training and Development.

Proposed Timescale: 28/02/2015

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some of the other policies listed in Schedule 5 were not comprehensive including End-of-Life care policy, Residents' Clothing, Personal Property and Possessions, Adult Protection policy, Health and Safety policy.

Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

We will undertake to review the above policies and update them accordingly.

Proposed Timescale: 30/04/2015

Outcome 08: 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:

While a health and safety policy was evidenced, the risks identified were quite limited, for example, internal and external environment or clinical risk were not addressed.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

We will organise to do internal and external environment and clinical risk assessments. They will be assessed in accordance with Schedule 5.

Proposed Timescale: 30/04/2015

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A comprehensive risk analysis was not in place.

The risk assessment forms did not include continuous evaluation as described in their policy.

Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

A comprehensive risk analysis will be put in place.

Proposed Timescale: 30/04/2015

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no hand-wash soap or paper towels to enable appropriate hand washing in the laundry.

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

A new press, hand wash soap and paper towel holder has been put in place.

Proposed Timescale: 25/11/2014

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The taps in the hand-wash sink in the clinical room required replacement as they were both broken, making proper hand washing impossible.

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

New lever taps have been ordered.

Proposed Timescale: 20/12/2014

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Suitable fire safety precautions were not maintained in relation to ensuring exits were unobstructed.

Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

We have devised a new daily fire safety check list chart which is completed by the staff nurse on duty at 21.00 hrs.

Proposed Timescale: 02/12/2014

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:

While care plans with associated risk assessments were in place, they were difficult to follow. A lot of the information was duplicated under different sections. Personal information to inform person-centred care was often not included and did not reflect the depth of knowledge demonstrated by staff.

The layout of the care plans was not in an easily accessible format for residents.

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:

We are going to review sample care plans from other Nursing Homes to develop a Care Plan best suited for our residents. We will then develop our own care plans to make them user friendly. These care plans will be reviewed regularly as we have already being doing them on a 3 monthly basis.

Proposed Timescale: 31/05/2015

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

While there was a 'clinical pathway for use of restraint' it did not direct staff to risk assess residents for the appropriate use of restraint, such as bed rails.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

We are going to review existing format with a view to implementing changes for improvement.

Proposed Timescale: 28/02/2015

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:

The décor and maintenance throughout the nursing home was in need of attention including painting, woodwork, door saddles and flooring in en suites.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

A plan was already in place to carry out painting and decorating works during summer of 2014, however this did not materialise at the time and is now rescheduled to commence in January 2015.

Proposed Timescale: 30/04/2015

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was a large wet room with shower and toilet facilities. This was used as a storage area for incontinence wear, trolley, bins and hoists; the hairdresser also used this room.

The inspector requested that the purpose and function of this room be identified and refurbished accordingly.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

A: We have planned to remove the shower, toilet and incontinence wear from this area. For the present, the room will be cleared of trollies, hoists and bins to facilitate the weekly hairdressing visit.

B: We further propose to engage with the architect to design an extension for a designated hair salon and storage area.

Proposed Timescale: A: 30th December 2014 B: 31st May 2015

Outcome 14: End of Life Care

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Care plans demonstrated that end-of-life care wishes were not always discussed to ensure care would be delivered in accordance with residents' desires and requests.

Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

We will review our end of life policy with a view to addressing the resident's desires and requests.

Proposed Timescale: 31/05/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The numbers and skill-mix of staff was adequate to meet the assessed needs of residents from Mondays to Thursdays, however, there was just one nurse on duty Friday, Saturday and Sundays; the inspector requested that this be reviewed in line

with health, safety and risk as staff could not be appropriately supervised or supported.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

I have since interviewed a staff nurse who is interested in taking up a full time position. I plan to introduce two nurses on duty for Friday, Saturday and Sunday.

Proposed Timescale: Start of December 2014