

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Tearmainn Bhride Nursing Home
Centre ID:	OSV-0000399
Centre address:	Brideswell, Athlone, Roscommon.
Telephone number:	090 648 8400
Email address:	info@tbnh.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Aidan, PJ and Teresa Curley T/A Tearmainn Bhride Nursing Home
Provider Nominee:	Aidan Curley
Lead inspector:	Thelma O'Neill
Support inspector(s):	Damien Woods;
Type of inspection	Announced
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	4

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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 05 September 2014 11:00 To: 05 September 2014 15:30

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

Outcome 01: Statement of Purpose
Outcome 04: Suitable Person in Charge
Outcome 08: Health and Safety and Risk Management
Outcome 11: Health and Social Care Needs
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report set out the findings of monitoring inspections, which took place over one day and was the tenth inspection carried out by the Health Information and Quality Authority's (the Authority) Regulation Directorate.

The findings of previous inspections concluded that improvements were required to meet all of the requirements in the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2009 (as amended). These inspection reports can be found at www.hiqa.ie.

This inspection took place to meet with the proposed new Person in Charge and assess his fitness to be person in charge of this centre. Inspectors also reviewed the actions from the previous inspection in May 2014. There were seven actions with fourteen requirements outlined in the previous inspection report dated 07/05/2014. These actions were reviewed as part of this inspection and inspectors found that nine of the fourteen requirements had been completed satisfactorily.

The new person in charge Frankie Flynn had commenced his new role on the 16/6/14. He has the required nursing experience, working with older persons as required by Health Act 2007

The inspectors spoke with residents during the inspection, and they were content with the care they had received, and that stated staff were good to them. Residents had access to General Practitioner (GP) services and to a range of other health services.

Inspectors found that some aspects of the service continued to need improvement to comply with the Regulations. Of the five outcomes inspected; two were compliant, three were moderately non-compliance.

Inspectors again identified that staffing levels were an issue, as there appeared to be a shortage of locum staff. Care planning and incidents of residents falling also continued to require further reviews.

These areas for improvement are further discussed in the body of the report. The Action Plan at the end of this report identifies mandatory improvements required to come into compliance with the Regulations.

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):

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

Findings:

The statement of purpose has been updated since the last inspection. It accurately describes the services provided in the centre and the information outlined in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) as outlined on the centre's registration certificate displayed within the centre. The statement of purpose has been amended to include the name of the new person in charge of this centre.

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):

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

Findings:

The designated centre was managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service. The new person in charge is Frankie Flynn and he commenced his role of person in charge of this centre on the 16/6/14. He has extensive experience working as Director of Nursing in psychiatric services including older person's services. He is suitably qualified and experienced manager in the area of health and social care, and could demonstrate a sufficient knowledge of the legislation and his statutory responsibilities.

Judgment:
Compliant

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):

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

Findings:

The centre has policies and procedures relating to health and safety and risk management. The health and safety statement was reviewed since the last inspection. The actions from the previous inspection were satisfactorily completed. There was a smoking policy in place. There was a risk register in place identifying clinical and environmental risks. Risks of resident's smoking were identified, and control measures included; smoking apron, designated smoking area and individual smoking assessments for the two residents that smoked. A new smoking area had been built, off one of the exits in the sitting room for residents. The second sitting room was now smoke-free.

There was quarterly testing of fire alarms, extinguishers, and emergency lighting. The fire alarm system had been tested recently. Fire evacuation procedures are prominently displayed throughout the building. The fire doors used to compartmentalise the centre in the event of a fire, had the required emergency release devices. All fire evacuation routes were kept clear. Inspector's noted that all staff had received the required fire training.

A visitors' log was in place to monitor the movement of persons in and out of the building to ensure the safety and security of residents and to inform staff of persons on the premises if an emergency evacuation be required.

Inspectors reviewed the incident/accidents forms and found that some residents had a high incidence of falling in the centre, for example; one resident had fallen five times in six months, and another resident had fallen three times in the past three months; twice in the dining room. All of the recorded falls were not witnessed. Inspectors found that the falls risks identified for residents in relation to their mobility were not clearly recorded in some of the care plans viewed, despite some preventative strategies being in place.

Judgment:
Non Compliant - Moderate

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:

The findings from the last inspection found that care planning was documented on a computerised system and found to be generic and not person-centred, and there was no evidence that residents or their relatives were involved in their care planning. During this inspection inspectors found similar generic person centred planning and a lack of contemporaneous evidence-based practice.

On the last inspection, there was evidence of some residents experiencing frequent un-witnessed falls, due to their medical conditions. From resident's files viewed, the majority of falls were un-witnessed, and neurological observations were not regularly completed by the staff. Inspectors found on this occasion, that all accident/ incidents of un-witnessed falls or head injuries had neurological observations completed, and if required, the General Practitioner had been contacted.

Inspectors reviewed the resident's care plans and found that the residents care plans were not individualised or person-centred. For example; they did not document the assessed level of risk in relation to falls for each individual resident, and the risk rating was not included on all of the resident's mobility care plans.

In addition; post prevention reviews or actions taken by the staff to prevent falls were also not documented in the residents care plan. For example, one resident that had fallen five times in the past few months had been moved nearer to the nurses' station, but the risks and rationale for moving the resident nearer to the nurse's station was not documented on their care plan to alert other staff of their high risk of falling.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

On the day of inspection there were 23 residents in the centre, 2 were in hospital, and there were four vacancies. Nine of these residents had their dependency levels assessed as requiring maximum support, nine high dependencies, six-medium, and one low dependency. At the last inspection, inspectors found that there were not adequate number and skill mix of nursing, care assistants, catering, cleaning, and laundry staff to meet the needs of the residents. Inspectors observed on this occasion that some care staff were excessively working overtime, for example; one staff worked 55 hours one week, and was rostered to commence their next week on a 15 hour shift without appropriate rest periods. Inspectors requested that a staffing needs analysis based on the dependency needs of the residents was completed and forwarded onto inspectors.

At the last inspection, inspectors were informed that a staff member had been given a new role as activities co-coordinator, to provide socialisation activities for the residents during the day. However inspectors were informed that this staff member has since left the centre and the management were actively looking for someone to fill this role as activities co-ordinator.

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:

Thelma O'Neill
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:	Tearmainn Bhride Nursing Home
Centre ID:	OSV-0000399
Date of inspection:	05/09/2014
Date of response:	28/10/2014

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 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:

Post falls risk analysis were not updated onto the residents care plans.

Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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:

(A) An individual falls diary is now in place for all residents identified as high risk of falling, a falls prevention care plan is also now in place for these residents which identifies their medical history, cannards falls assessment score, mobility, previous falls in the past year and any action we have taken to try reduce falls and immediate action we take following a fall. All information is contained in one care plan which eliminates the need to refer to different assessments and care plans. A post falls assessment is carried out following all falls. All residents care plans are kept up to date. Completed in September 2014

(B) Currently, we are at the planning stage of replacing the generic model of care for example Epicare, with an integrated personalised clinical record system of care where there is amongst other features, a personalised care plan for each resident, which includes a detailed risk assessment and a detailed personalised social and activities programme. The formalisation of this personalised care plan will involve not only the resident but the resident's next of kin/family. The introduction date for this new care planning/clinical record system is the 1st April 2015. This will result in the discontinuance of the generic/epicare system. End of April 2015

Proposed Timescale: 30/04/2015

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 care planning was generic and not person-centred, and there was no evidence that residents or their relatives were involved in their care planning, or health reviews.

Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

While there is a system in place to inform/involve residents and families regarding care plans and meet with them to discuss plans and any changes that are needed we are however in the process of phasing out the generic Epicare system with an integrated clinical record system that contains as its central plank, a personalised care plan that focuses on the biological, psychological, social and spiritual needs of the resident. This will support the plan to involve residents and or their families in their care plans. In the interim we will endeavour to meet with all resident's family members by the end of this month and outcomes from these meetings will be documented in the family

communication on epiccare

Proposed Timescale: 30/04/2015

Theme:

Effective care and support

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

Pre or post fall reviews or actions taken by the staff to prevent falls, were not documented in the residents care plan to alert all staff of the risks.

Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

Residents that are identified as a risk of falling are assessed by the Physiotherapist and staff are made aware of the risk. As mentioned above we now have an individual falls diary and up to date care plans to reflect this.

- Education of Nursing Staff in relation to their duty of care as per ABA registration and their personal responsibility for their ongoing professional education.
- Ongoing education/training of all staff in areas of care management in particular the prevention of falls as outlined in the newly personalised care plans/integrated clinical records that are at the planning phase as outlined above which will replace the generic epicare system that exists at present.
- Training of staff by an external specialist in the precise and accurate methodology of auditing and recording falls.

Proposed Timescale: 30/04/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

A member of staff worked 55 hours one week and was roster to commence their next week on a 15 hour shift without appropriate rest periods.

A staffing needs analysis based on the dependency needs of the residents is required.

Action Required:

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

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

This was an exceptional event and monitoring of shift changes is now being watched closely to ensure that this does not happen again. Staff awareness of the risk of breaching the Working Time directive has been raised and staff numbers have been reviewed.

Proposed Timescale: 30/09/2014