

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sligo Nursing Home
Centre ID:	OSV-0000363
Centre address:	Ballytivnan, Sligo Town, Sligo.
Telephone number:	071 914 7955
Email address:	sligonursinghome@mowlamhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mowlam Healthcare Services
Provider Nominee:	Pat Shanahan
Lead inspector:	Marie Matthews
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	57
Number of vacancies on the date of inspection:	5

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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times

From: 25 March 2015 09:30 To: 25 March 2015 18:30

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

Outcome 02: Governance and Management
Outcome 04: Suitable Person in Charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This unannounced monitoring inspection took place over one day. It was the ninth inspection of this centre undertaken by the Authority.

There were 57 residents living in the centre on the day of inspection, 28 of who had maximum dependency needs, 17 had high dependency, 9 had medium dependency and three were assessed as low dependence. As part of the inspection process, inspectors met with residents, relatives and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector observed evidence of good practice during the inspection and residents received a good standard of care. There was a range of social activities available and residents said they could participate or not depending on their interests. The centre was bright spacious and comfortable. It was decorated to a high standard and appeared clean and well maintained.

Residents spoken with stated "they felt well looked after" and confirmed that they felt safe in the centre due to the continued presence of staff. They were positive in their comments regarding the care they received.

Overall, the centre was found to be in substantial compliance with current legislation. Some areas for improvement were identified in the areas of risk management, medication management and reporting on quality audits completed. The action plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential

Care Settings for Older People in Ireland.

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Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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):

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

Findings:

The centre is part of a large group of designated centres. An appropriate management structure is in place to ensure the management of the centre. An organisational auditing system is in place which collates statistical information in relation to complaints, falls management, wound care, restraint use, hygiene and infection control, medication management, health and safety human resources. The information was collated centrally and a report returned to the centre. Minutes of a meeting were reviewed where the provider met with senior staff to review clinical governance. The inspector requested a copy of a report in respect of various audits completed which was an action from the previous inspection. Although the results of specific audits were available, no specific report had been produced collating this information as required under Regulation 35. The PIC stated that this would be submitted following the inspection.

Judgment:

Non Compliant - Moderate

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) is a registered nurse with considerable experience of working with older persons. She continued to maintain her clinical skills and was completing masters in dementia care. She demonstrated good knowledge of her responsibilities under the Regulations and Standards and a positive attitude to compliance. She had good knowledge of residents' assessed needs, their planned care and conditions. She works full-time in the centre.

The PIC had completed training in Adult protection, manual handling and fire safety and her registration was up to date with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) was in date. She is supported in her role by an operations manager for the provider group, a clinical nurse manager, nursing, care, administration and ancillary staff.

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:

Residents interviewed told the inspector they felt safe in the centre. Measures were in place to ensure residents were protected from being harmed or suffering abuse. There was a policy available which included information on various types of abuse, assessment, reporting and investigation of incidences and guidance on managing allegations/ incidents of elder abuse. The PIC confirmed that there no allegations currently under investigation. Training records reviewed by the inspector identified that staff had participated in training in the protection of residents from abuse. Staff members spoken with during the inspection demonstrated their knowledge regarding reporting mechanisms in place and what to do the in the event of an alleged or suspected incident of abuse.

The centre was protected by closed circuit television cameras at entrance and exit points. A visitors' record located at the entrance of the centre was signed by visitors entering and leaving the building to ensure the safety and security of residents.

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):

No actions were required from the previous inspection.

Findings:

A risk management policy and procedures to guide staff on risk management was available and up to date. Systems were in place to identify and assess minimise risks and adequate precautions to control were implemented to minimise or control risks identified. A risk register was maintained. The centre was very well maintained and free from obstructions. Equipment was observed to be stored appropriately.

Handrails were provided in all circulating areas and in shower and toilet areas. Emergency call bells were provided beside beds and in bathrooms and toilets. Manual handling practice observed by the inspector during the inspection was safe and the Person in Charge confirmed that all staff had completed training in manual handling. Resident's mobility needs had been risk assessed to indicate the equipment necessary and the number of staff required for safe transfer. Care plans were in place based on these and other clinical risk assessments such as skin integrity. Records were maintained of all accidents and incidents that occurred and these were comprehensively completed. The inspector saw that most residents who sustained an unwitnessed fall were subject to neurological observation to ensure they did not sustain a head injury. However, in some instances neurological observations were not completed and in discussions with staff during the inspection there did not appear to be any clear guidance provided as to when neurological observations should be completed.

Appropriate fire safety procedures were in place. Fire procedures were prominently displayed throughout the centre and daily inspections of fire exits were carried out. All fire exits were unobstructed. The inspector reviewed service records which showed that the fire alarm system, emergency lighting and fire equipment were regularly serviced. Training records reviewed indicated that all staff had attended training on fire prevention and evacuation although no the records did not include any details regarding the material covered in the training.

A missing person policy was in place to guide and inform staff should a resident be reported as missing and photographic identification was available for each resident.

Appropriate measures were observed to control the spread of infection. The centre was observed by the inspector to be clean and cleaning equipment was colour coded to

denote whether it was used for bedrooms, bathrooms or other areas in accordance with the best practice guidance. Personal protective equipment was provided and staff had completed training in infection control. Appropriate arrangements were in place for the segregation and disposal of waste, such as clinical waste.

Judgment:

Non Compliant - Minor

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):

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

Findings:

Overall, the inspector found residents were protected by the centre's policies for medication management and practices were generally adequate. A separate medication trolley was available for each floor. Medication was supplied by a local pharmacy in individual blister packs. The inspector accompanied a nurse for the morning medication round. Medication management practices were generally appropriate and in compliance with Bord Altranais agus Cnáimhseachais na hÉireann.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations 1984. Nurses kept a register of controlled drugs which was reviewed by the inspector. The balance in stock reflected the balance recorded in the register.

Photographic identification was available on the medication charts for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. Administration sheets indicated the correct dosage, route and time of administration. Where medication had been discontinued the GP had signed and the discontinuation date was recorded. The inspectors identified a small number of prescriptions where the maximum dose to be administered in a 24 hour period was not recorded on the medication chart. This was also identified on the previous inspection.

Judgment:

Non Compliant - Minor

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):

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

Findings:

Residents had a mixture of age related medical conditions and 38 of the 57 residents were described as having some form of cognitive impairment. The inspector found that a good standard of nursing care was provided to residents. Residents spoken with were very positive and reported that they were very well cared for. Care plans were maintained electronically and there was evidence that these were regularly reviewed at a minimum of every four months or more frequently should a change in a resident's condition occur. A sample of residents' care plans were reviewed by the inspector and discussed with staff. There was evidence that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented with Eleven General Practitioners (GP's) attending the centre.

Recognised assessment tools were used to assess residents' needs and each resident had a personalised care plan in place which detailed their needs and choices. Dependency levels, falls risk, the risk of absconding, the risk of developing pressure sores, moving and handling assessments and nutritional care assessments were all completed. Care plans were maintained electronically and were generally person centred and the involvement of the resident or their family was evident. The inspector saw evidence that residents were referred to specialist services where necessary and records of referrals were documented. For example, the Blind society had visited one resident and there was evidence of referrals to dietetics, speech and language therapy and specialist tissue viability where required. In some instances, review by specialists were recorded in progress notes and it was sometimes difficult to track progress.

Several residents were under the care of the Psychiatry of old age team and there was evidence of regular review of these residents. Mouth and swallow assessments were completed and residents identified as having difficulty swallowing were referred to the Speech and Language Therapist. There were no residents with challenging behaviour at the time of inspection.

Each resident's mobility needs was risk assessed and any specialist equipment necessary was provided. The incidence of falls was observed to be low and there was evidence that falls prevention was appropriately managed. Manual handling assessments indicated the staff or equipment required to safely transfer residents. There were low-low beds, crash mats and sensor mats available to assist with risk reduction to try and prevent re-occurrence of falls. A physiotherapy service was available in the centre weekly and all residents who had fallen were reviewed by the physiotherapist.

Residents spoken with indicated that they were satisfied with the social activities provided. The dementia specific social programme known as 'Sonas' was provided twice a week in the centre. An activities coordinator was employed full time to support residents and events organised included race nights, visits by a local theatre company and music sessions. The PIC was completing a masters in dementia care and described a new assessment tool been introduced specifically for residents with dementia.

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:

The centre is arranged over two floors and there was a minimum of one nurse on duty on both floors throughout a 24 hour period. All nursing staff had the required up-to-date registration.

On the day of inspection there were three nurses on duty, two downstairs and one upstairs. The second nurse downstairs assisted the other nurse with medication and then moved upstairs to assist the other nurse on duty. The inspector spoke with residents and relatives and interviewed staff in relation to staffing levels. No issues were identified with the current staffing levels or the deployment of staff. Staff said that any absences were covered by part time staff increasing their hours.

The inspector observed one meal time. There was adequate staff on duty to assist residents. The inspector reviewed a small sample of staff files for both nursing and care staff. All files contained the documentation set out in Schedule 2 of Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The inspector reviewed training records and found that staff had recently completed training in fire safety, Adult protection, hand hygiene, dysphasia, risk management, manual handling tissue viability.

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:

Marie Matthews
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:	Sligo Nursing Home
Centre ID:	OSV-0000363
Date of inspection:	25/03/2015
Date of response:	06/07/2015

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

A report collating the results of clinical audits was not available as required under Regulation 35.

Action Required:

Under Regulation 23(f) you are required to: Make available a copy of the review referred to in regulation 23(d) to residents and, if requested, to the chief inspector.

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 review of all clinical audits has been collated and included in an annual review meeting of Quality & Governance for the centre, held on 2nd June 2015.

Proposed Timescale: 06/07/2015

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:

There did not appear to be any clear guidance provided for staff as to when neurological observations should be completed.

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.

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

Guidelines have been issued to all staff regarding carrying out neurological observations whenever there has been an actual or suspected head injury and following any unwitnessed fall.

Proposed Timescale: 06/07/2015

Theme:

Safe care and support

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

The records of fire training did not include any details regarding the material covered in the training.

Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

The fire training officer will provide written details of material covered during training sessions in all future sessions. The training includes evacuation procedures in line with

the layout of the building, location of all escape routes, alarms, first aid, firefighting equipment and control techniques and the procedure to be followed in the event of a resident's clothing catching fire.

Proposed Timescale: 31/07/2015

Outcome 09: Medication Management

Theme:

Safe care and support

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

There were a small number of prescriptions identified where the maximum dose to be administered in a 24 hour period was not recorded on the medication chart.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

All prescription charts contain the maximum dose of PRN medications to be administered in a 24 hour period.

Proposed Timescale: 06/07/2015