

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Powdermill Nursing Home & Care Centre
Centre ID:	ORG-0000270
Centre address:	Gunpowdermills, Ballincollig, Cork.
Telephone number:	021 487 1184
Email address:	powdermillnursing.home@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Joseph Peters
Provider Nominee:	Joseph Peters
Person in charge:	Mary T O'Byrne
Lead inspector:	Col Conway
Support inspector(s):	Cathleen Callanan;
Type of inspection	Announced
Number of residents on the date of inspection:	38
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
03 June 2014 09:00	03 June 2014 16:30
04 June 2014 08:50	04 June 2014 14:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
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

An inspection of Powdermill Nursing Home was last undertaken by the Health Information and Quality Authority (the Authority) on 4 and 5 February 2014. Inspectors found that actions were required in regard to provision of:

- a permanent person in charge
- an adequate number of nurses actually employed
- elder abuse awareness, manual handling and fire safety training for all staff
- revision of some policy documents
- appropriate risk management and health and safety measures
- a well maintained premises
- appropriate medication management practices

- up to date nursing documentation
- a consistent and robust quality review system.

All previous inspection reports can be viewed on the Authority's website www.hiqa.ie, using centre identification 0270.

This inspection was announced and followed an application by the provider for a change to change of company entity. This inspection took place over two days and inspectors observed practices and the premises, reviewed documentation such as residents' nursing records, residents' medical records, accident /incident log, complaints log, staff training records, policies and procedures and staff files.

Inspectors found there had been progress with some of the required actions from the previous inspection in February 2014. However, the action plans at the end of this report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 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:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The Authority was supplied with a copy of the written Statement of Purpose and the document contained all of the information that is required as per Schedule 1 of the Regulations.

Judgement:

Compliant

Outcome 02: Contract for the Provision of Services

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:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

An inspector reviewed a sample of contracts of care and it was noted that one resident did not have a signed contract in place, however, there was documented evidence available that repeated efforts been made by the provider in this regard. The inspector was informed that changes had been made to the written contract of care to include any additional fees and as some residents had been living in the centre for a long period of time their contracts had to be reissued with any additional fees included. While there was evidence available that this was ongoing, at the time of inspection there were a small number of residents who were yet to sign a revised contract of care that stated any additional fees to be paid.

Judgement:

Non Compliant - Moderate

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

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

Findings:

In the provider's written response to the previous inspection report regarding appointment of a permanent person in charge, it was stated that recruitment was underway to appoint a permanent person in charge by 27 June 2014. A newly nominated person was covering the post of person in charge for approximately one week prior to this inspection until the appointment of a permanent post holder.

The provider confirmed that recruitment activity had been ongoing since the previous inspection in February 2014 in relation to appointment of a permanent person in charge. However, at the time of this inspection a person in charge was not in the post in a permanent capacity.

While arrangements had been put in place to cover the leaving of the previous person in charge, inspectors were concerned regarding the lack of continuity in nursing governance in the centre due to the high turnover of persons in charge in the 12 months between June 2013 and this inspection.

On this inspection there were six full time equivalent nurses employed and it was confirmed by the provider that approximately nine full time equivalent nurses were actually required. There was strong evidence that the ongoing inadequate number of nurses employed in the centre had impacted negatively on the ability of the current nominated person in charge to fulfill their role.

Judgement:

Non Compliant - Major

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

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a copy of the Residents' Guide available and it included all of the required information as did the Directory of Residents.

There was documented evidence of appropriate insurance cover being in place.

There was substantial compliance in regard to maintaining general records (Schedule 4) as well as medical records.

All of the required policies and procedures as per Schedule 5 of the Regulations were available, however, the health and safety and risk management policies did not include the required information. This will be addressed further in Outcome 7.

Inspectors found that not all of the residents' records as listed in Schedule 3 of the Regulations were in place. This will be addressed further in Outcome 11.

Judgement:

Non Compliant - Moderate

Outcome 05: 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:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Prior to this inspection the Authority had received the required written notification that the nominated person in charge, who was in post during the previous inspection in February 2014, was no longer the acting person in charge. A new person had been nominated as an interim measure as already outlined in Outcome three.

Judgement:

Compliant

Outcome 06: Safeguarding and Safety

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

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

An inspector reviewed the written elder abuse policy and the actions to be taken in the event of an allegation of abuse were clearly outlined. The inspector was satisfied that appropriate procedures were in place to manage an allegation of abuse.

The inspector also reviewed the training records for elder abuse awareness and they indicated that training had been provided for all staff and the record keeping of residents' finances were maintained in a transparent manner.

Judgement:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors noted that since the previous inspection in February 2014 some of the required actions in relation to health and safety, infection control and risk management had been completed, such as:

- appropriate safety measures were in place for any resident that smoked
- training records indicated that all staff had received manual handling and fire safety training
- rusty wheels on a sink in the sluice room were replaced
- cleaning equipment was no longer stored in the sluice room and the sluice room was uncluttered
- the door to the staff facility was noted to be locked.

The inspectors found evidence of appropriate risk management measures being in place, such as:

- a health and safety statement was in place as was an emergency plan
- appropriate infection control measures were implemented in regard to cleaning practices and waste management
- there was adequate supply of protective personal equipment for staff such as disposal aprons and gloves as well as anti-microbial hand gel dispensers
- written confirmation from a competent person that all the requirements of the

statutory fire authority had been complied with had been forwarded to the Authority

- records confirmed that fire equipment, fire prevention and suppression system checks were up to date
- records indicated that equipment and services were checked and maintained regularly
- lighting was sufficient, hand and grab rails were in the required places and corridors and emergency exit routes were unobstructed.

While a written health and safety policy was in place it did not include everything as required by Article 30 of the Regulations.

While a revised written risk management policy was in place it did not include everything as required by Article 31 of the Regulations.

Inspectors found that appropriate measures were not in place to prevent the potential injury to residents when bed rail restraint was used. This will be addressed further in Outcome 11.

Inspectors noted that the required actions were still to be implemented to prevent and control infection in some of the en suite toilet and shower facilities. The poor state of repair of some of the floor coverings and shower walls will be addressed further in Outcome 12.

Judgement:
Non Compliant - Minor

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Safe Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

On the previous inspection in February 2014 it was found that there was a risk of potential medication errors due to transcribing of medication prescriptions and medicine administration practices that were not in accordance with nursing professional guidelines or with the centre's own medication policy and procedures.

On this inspection a sample of medicine prescriptions were reviewed and storage of medication as well as administration practices were observed. The inspector was informed that since the previous inspection prescriptions were no longer transcribed by nursing staff. The inspector found that medicines were appropriately stored, prescriptions were legible and there was evidence that individual resident's prescriptions were reviewed by medical practitioners. Nursing staff were observed to administer medicines in line with the centre's own medication policy and procedures as well as nursing professional guidelines. It was also noted that nutritional supplements were

prescribed for residents who required them.

Judgement:

Compliant

Outcome 09: 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:

No actions were required from the previous inspection.

Findings:

An inspector reviewed the records that were maintained of incidents and accidents occurring in the centre and the documentation in place outlined the events and the management of same.

Notifications as required by the Regulations had been forwarded to the Authority.

Judgement:

Compliant

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

During the previous inspection in February 2014 inspectors found there was not a robust process in place for consistently reviewing the quality and safety of care and services provided to residents. In the provider's response to the inspection report it was stated that by 31 May 2014 a system would be implemented that would entail review of current policies and practices.

On this inspection an inspector was given 14 reports of audits that had been undertaken since the previous inspection. Some of the reports indicated benchmarking the service for compliance with the Authority's standards. The reports indicated reviews of:

- nurse transcribed medicine prescriptions
- residents nursing records
- laundry practices
- the sluice room

- external grounds
- general physical environment
- records that are separate to residents' records
- residents' participation and consultation (Standard 2)
- residents' consent (Standard 3)
- facilitation of residents' civil, political and religious rights (Standard 5)
- written contracts of care (Standard 7)
- residents' routines and expectations (Standard 18)
- meals and mealtimes (Standard 19)
- residents' social contacts (Standard 20).

The audit reports included a summary of findings and recommendations if a need for improvement was identified. There was evidence that some of the recommendations had been implemented such as with transcribing of medicine prescriptions and ceasing of medicine rounds during meal times so that they would not be interrupted.

Judgement:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

It was obvious to inspectors throughout the inspection that staff knew residents well and a friendly and relaxed atmosphere between staff and residents was observed.

An inspector reviewed a sample of residents' medical and allied health records and there was evidence that residents continued to have regular access to medical practitioners and allied health services as required, such as, physiotherapy, speech and language therapy, dietician services and occupational therapy. There was evidence that recommendations made by the allied health care team were implemented by nursing staff.

As already addressed in Outcome 8, there was evidence on this inspection that improvements had been made in relation to medication managements since the previous inspection.

There was evidence that residents were provided with opportunities to engage in group or one-to-one activities and staff were employed specifically to facilitate meaningful recreational activities.

On the previous inspection in February 2014 it was found that there was not a high standard of nursing care in regard to the documentation of nursing assessments of residents, updating nursing care plans as well as the ongoing monitoring of residents. On this inspection a sample of residents' clinical nursing assessments, residents' nursing care plans, monitoring charts and residents' daily nursing notes were reviewed by an inspector. It was noted that since the previous inspection residents' daily nursing notes included the time that the notes were written.

The inspector found that recognised nursing assessment tools were used and nursing care plans were in place, however, some of the documentation was not up-to-date and accurately reflective of residents' current status and some of the written nursing care plans did not accurately describe the nursing care that was required and/or being provided. This was not in line with professional nursing guidelines and this posed a potential risk to residents as in some cases information was either incorrect or missing.

It was also noted that some records regarding the frequency of changing the position of a resident indicated that residents did not have their position changed as frequently as what would be in line with best practice. This posed a potential risk of injury to residents.

There was evidence in residents' records that a nutritional assessment tool was frequently used and if required referrals were made to dietician services. Daily food and fluid monitoring charts were in place for residents who required close observation with their food and fluid intake, however, it was noted that some of the records were not fully completed and did not have fluid volume totals documented. Therefore, it was not clear in these cases what was informing nursing staff decision making regarding the actual daily fluid intake for some residents. This was not in line with best practice, professional nursing guidelines and this posed a potential risk to residents.

The inspector found that the nursing documentation regarding the assessment and care planning for the use of bed rail restraint was indicative of an inadequate standard of nursing care. For example, an identified resident had a history of a recent fall from their bed and at the time of inspection there was not an up-to-date bed rail risk assessment in place or a care plan outlining the safe use of bed rails for this resident. One of this resident's bed rails was also found to be broken and unfit for use. This was not in line with best practice, professional nursing guidelines and this posed a potential risk of injury to residents.

Judgement:
Non Compliant - Major

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors noted that the centre was clean and tidy and the provider informed inspectors that new cleaning products and procedures had been introduced since the previous inspection in February 2014 and household staff had received training from the supplying company.

The inspectors reviewed the external grounds and noted that since the previous inspection broken outdoor furniture had been removed from the external grounds that were used by residents.

On the previous inspection the floor covering was not maintained in a good state of repair in: the Barges corridor, the Millrace corridor, the communal toilets off Millrace corridor, the communal toilet on the first floor, the dining room and bedrooms one, two, four, five, 11, 15, 16, 25, 26 and 27. On this inspection the provider informed inspectors that the upgrade of flooring was still to be completed as it was part of a schedule of work and inspectors were given copies of costings from suppliers and contractors to undertake the required work.

On the previous inspection paintwork and/or plaster work was not maintained in a good state of repair in: the Barges corridor, the dining room, bedrooms five, nine, 14, 17 and 19, the ceiling of the communal toilets off Barges corridor, the communal toilets off Millrace corridor and the Millrace corridor walls. During this inspection painting was being undertaken, however, not all of the identified areas from the previous inspection had been completed.

On the previous inspection bedside lockers in the twin bedroom numbered 15 and bedroom furniture in bedrooms 12, 18 and 25 were not maintained in a good state of repair. On this inspection the provider informed inspectors that this furniture was yet to be upgraded.

On the previous inspection window and/or bed screening curtains were either not adequate or not maintained in a good state of repair in bedrooms four, nine, 12, 14, 15, 20 and 24. On this inspection it was noted that new curtains were in place in bedrooms four, 12 and fourteen.

On the previous inspection some of the toilet and washing facilities required maintenance work on tiles, tile grouting, shower walls and some grab rails were rusty. Inspectors were informed that since the previous inspection work had been completed on the toilet and washing facilities in bedroom four and the provider confirmed that upgrading work would be ongoing, however, at the time of inspection this work was not yet completed.

On the previous inspection it was noted that there was the potential for privacy and dignity to be compromised for some residents who shared triple bedrooms as well as residents in the twin room on the first floor due to the design and layout of the bedrooms. On this inspection it was noted that the design and layout of these rooms had not changed, so the potential for residents privacy and dignity to be compromised still remained.

Judgement:

Non Compliant - Major

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

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

Findings:

An inspector reviewed the written complaints policy and procedures and they were accessible for residents and/or their representatives and the procedure was displayed in a prominent place. The independent complaints appeals process was outlined.

The inspector reviewed the records of any complaints and they detailed the complaint, the ongoing management and the respective complainants' level of satisfaction.

Judgement:

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:

No actions were required from the previous inspection.

Findings:

There was a written policy and procedures in place for staff in regard to providing end of life care and training records indicated some staff had recently attended end of life care training.

An inspector reviewed the medical and nursing records of a resident who had recently received end of life care and there was evidence that the resident had received frequent medical review, nursing care plans were in place and daily nursing records indicated that the planned nursing care had been provided.

The acting person in charge confirmed that palliative care services were available as was pastoral care and relatives were facilitated to stay overnight if required.

Judgement:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

An inspector observed that residents were provided with food at times and in quantities adequate for their needs, they were offered choice and menus indicated there was a variety of food made available. Residents' individual preferences and dietary requirements were communicated to the catering staff and residents had access to fresh drinking water as well as hot drinks and snacks between main meal times.

Residents were observed eating their meals while seated at dining tables in a communal dining area and they were also provided with appropriate assistance to eat their meals in a lounge area while seated in specialised seating. Some residents were also facilitated to eat in their own private accommodation if they so wished.

Judgement:

Compliant

Outcome 16: Residents Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents were offered opportunities to attend the residents' committee meetings and an inspector read minutes of the residents' committee meetings from February, April and June 2013 and April 2014. There was evidence of follow-up on issues raised by residents.

The inspectors observed residents' privacy and dignity being respected by staff as well as staff promoting residents' independence and residents were offered choice in what they wanted to do.

There was evidence that family and friend contacts were maintained as visitors were welcomed at various times of the day and there were areas for residents to meet their visitors that were separate to bedroom accommodation. Outings were also facilitated as requested.

Newspapers and televisions were available for residents and there was evidence that religious needs were facilitated.

Judgement:

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:

No actions were required from the previous inspection.

Findings:

As required by the Regulations, there was a written policy for the management of residents' personal property and possessions. An inspector noted there were written inventories of residents' clothing in place.

Residents had furniture in their bedrooms to store clothing and personal items. It was noted that some bedrooms were personalised and residents were facilitated to have their own items.

There were suitable laundry facilities and arrangements were in place for the regular laundering of linen and clothing. Procedures were in place for the return of residents' personal clothing items.

Judgement:

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.

Theme:

Workforce

Outstanding requirement(s) from previous inspection:

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

Findings:

Duty rosters were maintained for all staff and at the time of inspection the rosters indicated there were sufficient staff rostered to meet the needs of the current residents.

On the previous inspection it was found that while there was always at least one nurse rostered to be on duty, there were not enough nurses actually employed despite efforts from the provider to recruit additional staff. The provider informed inspectors that he was involved in ongoing recruitment activity and was hopeful that within the near future he would have additional permanent nursing staff in place. However, at the time of this inspection the extra required nursing staff had not commenced.

Training records indicated that staff had been provided with opportunities to attend training sessions and practice updates. The status of elder abuse awareness training has already been addressed in Outcome 6 with mandatory manual handling and fire safety training addressed in Outcome 7.

On the previous inspection it was found that some of the required documents were not maintained on staff files and there was not sufficient evidence to suggest that the authenticity of references had been verified. On this inspection, an inspector reviewed a sample of staff files and found there was an employment history with gaps and there was no robust evidence that references had been verified.

Judgement:

Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Col Conway
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:	Powdermill Nursing Home & Care Centre
Centre ID:	ORG-0000270
Date of inspection:	03/06/2014
Date of response:	15/07/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Contract for the Provision of Services

Theme:

Leadership, Governance and Management

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

Some residents did not have all the additional fees that were being charged stated in their contracts of care.

Action Required:

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

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

Each resident had a signed contract of care as required by regulations. From time to time the contract of care is revised to include any changes in the services provided.

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

There is no legal requirement for elderly residents to sign a revised contract of care every time there is a minor adjustment to costings. The residents and their families or agent are kept fully informed in a timely manner of any minor increases and the consent of the resident or agent is always sought.

Proposed Timescale: 15/07/2014

Outcome 03: Suitable Person in Charge

Theme:

Leadership, Governance and Management

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

At the time of inspection a permanent person in charge was not in post.

Action Required:

Under Regulation 15 (1) you are required to: Put in place a person in charge of the designated centre.

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

A permanent fulltime appointment of a new Person In Charge has taken place. The new Person in Charge is in post since the 14th July 2014

Proposed Timescale: 14/07/2014

Outcome 07: Health and Safety and Risk Management

Theme:

Safe Care and Support

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

The written health and safety policy did not include food safety.

Action Required:

Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

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

This is currently being reviewed and a revised health and safety policy is currently being drafted for approval.

Proposed Timescale: 31/08/2014

Theme:

Safe Care and Support

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

The written risk management policy did not include everything that is required by article

31 of the Regulations.

Action Required:

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

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

Our organisational Risk Assessment policy (Ref GM-011) will be reviewed to include all aspects required by Article 31 of the Regulations.

Proposed Timescale: 31/08/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective Care and Support

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

There was not a high standard of nursing care in regard to the assessment for the use of bed rail restraint, the nurse care planning for the safe use of bed rail restraint and the actual use of bed rail restraint.

Action Required:

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

Since the inspection a new "bed rail restraint assessment tool" has been implemented for all residents who are deemed to necessitate bed rails. All residents having bed rails have been assessed by the acting director of care using the new assessment tool. In addition all residents using bed rails have a "bed rail care plan in place" . Residents with bed rail restraint have a monitoring process in place to ensure safety at all times. The monitoring process is resident focused so that when issues of agitation or restlessness are observed the observation is increased accordingly.

Proposed Timescale: 15/07/2014

Theme:

Effective Care and Support

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

There was not a high standard of nursing care in regard to the completion and/or updating of: written assessments of residents, residents' nurse care plans, residents' fluid monitoring charts and residents' position changing records.

Action Required:

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

The registered provider has instructed the new Person In Charge to bring her comprehensive experience in care planning and documentation to bear on the concerns highlighted in the report. Since the inspection in June two staff nurses have attended an external training day "on assessments and care planning". The training officer has plans for more nurses to attend this course on the next available date. The acting director of care has conducted one to one mentoring sessions with nursing staff in relation to documentation and care planning.

Proposed Timescale: 31/08/2014

Theme:

Effective Care and Support

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

Not all residents had their care plans reviewed when their individual condition or situation changed.

Action Required:

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

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

A new Person in Charge has been in post since the 14th July 2014 and she has been fully briefed on the concerns highlighted in the report. She is confident that having consulted with all the nursing team that she can quickly address any outstanding reviews that are required. A system has been put in place by the acting director of care with regards to monitoring the three monthly review of care plans in order to highlight those plans due for the three monthly review in a timely manner.

Proposed Timescale: 31/07/2014

Outcome 12: Safe and Suitable Premises

Theme:

Effective Care and Support

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

There were shared bedrooms that compromised the privacy and dignity of residents based on the design and layout of the bedroom space.

Action Required:

Under Regulation 19 (3) (e) part 2 you are required to: Provide adequate private accommodation for residents.

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

The design and layout of each bedroom is a matter of a planning and any changes of layout must be compliant with our current fire certification. We are currently compliant

with all legislative requirements. In anticipation of the change of regulation regarding room sizes which is due to come in to force in July 2015 we have engaged the services of our architect who will advise on changes that comply with all future legislative requirements.

I do not accept that the privacy and dignity of residents is compromised but in the interest of providing further assurance the architect will be asked to make a report on all shared rooms and what changes if any that can be implemented with the approval of the Fire Authorities and the Fire Certification Authority.

Proposed Timescale: 15th September 2014 for architects report. Implementation of report 15th November 2014

Theme:

Effective Care and Support

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

The floor covering was not maintained in a good state of repair in: the Barges corridor, the Millrace corridor, the communal toilets off Millrace corridor, the communal toilet on the first floor, the dining room and bedrooms; one, two, four, five, 11, 15, 16, 25, 26 and 27.

Action Required:

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

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

Replacement of floor coverings throughout the building is part of the annual maintenance programme that has been underway for the last three years. All ensuite bathrooms were replaced except four (room number 2,5,7,28) and these are now part of the scheduled as part of the maintenance.

1. Communal toilet on first floor had a new floor fitted prior to inspection. A loose coving has been repaired.
2. Dining room floor will be replaced.
3. Communal Toilet on Millrace to be replaced.
4. En-suite bathrooms, 2 and 5 to be completed.
5. En-suite bathrooms 7. 28 to be upgraded or repaired.

Proposed Timescale: 1. 15/07/2014 2. 31/07/2014 3. 31/07/2014 4. 30/09/2014 5. 31/10/2014

Theme:

Effective Care and Support

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

Paintwork and/or plaster work was not maintained in a good state of repair in some

areas of the centre.

Action Required:

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

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

Upgraded paintwork has been carried out on the barges corridor, the dining room, bedrooms, 5,9,14,17, and 19 and the communal toilets off Barges and Millrace corridor. The Millrace walls on the corridor have also been repainted.

Proposed Timescale: The work outlined above has been completed 15/07/2014
Painting and decoration will continue in line with our annual maintenance plan.

Theme:

Effective Care and Support

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

Bedside lockers in the twin bedroom numbered 15 and bedroom furniture in bedrooms 12, 18 and 25 were not maintained in a good state of repair.

Action Required:

Under Regulation 19 (3) (c) you are required to: Maintain the equipment for use by residents or people who work at the designated centre in good working order.

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

The furniture outlined in the report will be replaced by the 31st August 2014

Proposed Timescale: 31/08/2014

Theme:

Effective Care and Support

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

Window and/or bed screening curtains were not maintained in a good state of repair in bedrooms nine, 15, 20 and 24.

Action Required:

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

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

Six rooms have been identified on this inspection as requiring new curtains. Two of these rooms have now been completed, (4, 14,). Rooms 9,21,23 are scheduled for replacement this week. Room 15 will be completed by the 30th September.

The inspectors noted that new curtains were in place in room 12 however they also noted in their report that this room required new curtains. For the purpose of clarification room 12 has new curtains.

Proposed Timescale: Rooms 4,12 and 14 Completed 15.07.2014. Bedrooms 9,21, and 23 to be completed by 31st July 2014. Room 15 to be completed by 31st August 2014

Theme:

Effective Care and Support

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

Some of the toilet and washing facilities required maintenance work on tiles, tile grouting, shower walls and some grab rails were rusty.

Action Required:

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

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

The works identified are now included in the annual maintenance plan.

Proposed Timescale: 30/08/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

There was not an adequate amount of nursing staff employed in the centre.

Action Required:

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

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

The findings of the Inspector as outlined on page 17 of the draft report note " at the time of inspection the rosters indicated there were sufficient staff rostered to meet the needs of the current residents". The provider has recruited additional nursing staff since the last inspection, and one of our staff nurses who was studying for her masters in general nursing has returned to full time employment on the first July 2014. Another nursing candidate who has also completed a masters in general nursing is scheduled to begin adaptation in an approved HSE hospital beginning on the 25th August 2014.

Proposed Timescale: 25/08/2014

Theme:

Workforce

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

An identified staff member had a gap of a significant period of time in their employment history that was maintained on their staff file.

Action Required:

Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

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

The identified gap in the employment history of the staff member identified has been checked and is now documented in their staff file.

An audit of all staff files will be completed again. All staff involved in the recruitment of new staff will be issued with a memo to ensure they are aware of all the requirements of Schedule 2 and adherence to our recruitment policies.

Proposed Timescale: 31/07/2014

Theme:

Workforce

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

There was no evidence to suggest that the authenticity of staff references had been verified.

Action Required:

Under Regulation 18 (2) (c) you are required to: Put in place recruitment procedures to ensure the authenticity of the staff references referred to in Schedule 2.

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

Telephone references were not adequately recorded on the staff members file. All staff involved in the recruitment process have now been instructed in the proper recording and verification of telephone and written references.

Proposed Timescale: 31/07/2014