

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Heatherfield Nursing Home
Centre ID:	OSV-0000140
Centre address:	Bush Lane, Raynestown, Dunshaughlin, Meath.
Telephone number:	01 825 9354
Email address:	heatherfieldnursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	J & N SHERIDAN LIMITED
Provider Nominee:	Noreen Sheridan
Lead inspector:	Philip Daughen
Support inspector(s):	Sonia McCague
Type of inspection	Announced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	3

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, 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 announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 26 April 2016 10:10 To: 26 April 2016 16:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Substantially Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This was the seventh inspection of the centre

There were 27 residents in the centre on the date of the inspection. There were three vacancies, mainly due to on-going refurbishment of the centre. Inspectors met with residents and relatives, reviewed documentation and inspected the premises.

The facility has two floors, with the ground floor containing shared facilities for residents as well as some resident bedrooms and staff facilities. The first floor mainly comprises of bedroom accommodation for residents. The centre is of traditional masonry construction. The floors are connected by a single internal stairs with an

additional external fire escape providing egress from the first floor in the event of an emergency.

On the previous inspection of the centre, non compliances were identified under a number of different outcomes, with major non compliances identified with respect to Health and Safety and Risk Management and Safe and Suitable Premises. In their response to the findings, the provider stated the action they would take to address these failings, including refurbishment work to ensure a satisfactory level of fire safety was provided within the centre and that the layout and facilities of the centre were capable of meeting the needs of the residents.

The purpose of this inspection was to see if the failings identified previously had been addressed. Inspectors found that many of the issues previously identified had been addressed. The provider acknowledged that the action plans relating to fire safety and the premises, were not fully completed by the provider. However, in many of these cases, inspectors noted that remedial action was on-going and that it was due for completion within the time scales previously provided to HIQA. These refurbishment works were in progress and the due for completion in July 2016.

The findings are outlined within the body of the report and in the action plan at the end for response by the provider and person in charge.

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

Findings:
An action required from the previous inspection was to prepare a statement of purpose (SOP) containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The provider and person in charge were aware of the requirement to review and revise the SOP on completion of works and changes underway. They agreed to submit a copy

of the statement of purpose to HIQA containing the information set out in Schedule 1 when the extension and reconfiguration of the centre was complete.

This issue was on-going as it was linked to the extension and upgrading of the premises and fire safety which is due for completion by July 2016. Therefore, a required action to review and revise the statement of purpose at intervals of not less than one year is restated.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The actions required from the previous inspection were progressed.

Effective management systems were in place to ensure the delivery of safe, quality care services, appropriate to residents' needs that were effectively monitored. The actions required from previous inspections associated with the layout and design of the premises and management of identified risks were being progressed and to be completed within the timescales previously provided to HIQA.

Inspectors observed that the building work was well managed in manner that minimised disturbance to residents as well as maximising the available space within the centre. Residents had been consulted with regarding the ongoing work and were knowledgeable of measures taken and planned. The admission of new residents to the centre had ceased to enable required actions and work to be completed.

Procedures and practices relating to residents' safety, medication management, infection prevention and control procedures and privacy arrangements were progressed and to be fully addressed by July 2016.

Judgment:

Compliant

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

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

Findings:

In follow up of the actions required from the previous inspection, the inspectors observed that an agreed contract of care had been completed with residents and or their representatives.

In the sample reviewed, the agreement related to the care and welfare of the resident in the designated centre and included details of the fees to be charged for services provided or available at an additional charge.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Policies and procedures on the matters set out in Schedule 5 were available in the centre and had been prepared in writing, adopted and implemented in practice. For example, policies on the use of restraint policy and management of complaints were demonstrated in practice.

The policy on the use of restraint available reflected national guidelines. The use of a restraint such as bedrails was used by a resident following a clinical assessment and discussion with the resident or representative and their general practitioner, which was recorded. Consideration of least restrictive and alternatives formed part of the assessment prior to the decision. Persons participating in management had attended training on the legal use of control and restraint since the last inspection.

Records of fire evacuation drills carried out in the centre required further improvement and are discussed in outcome 8.

A recommendation was made by inspectors following the review of residents' records and unsolicited information received. This related to the record of and form used following an incident or accident. In the sample of incident forms reviewed, inspectors noted an inconsistency in records of details such as the name, date and time persons were informed. However, staff could describe who had been contacted and of their availability at the time of an incident. Some of this information was recorded in residents' daily nursing narrative notes. The provider nominee and person in charge agreed to include a dedicated section on the incident form to indicate if the representative of the resident or significant other was informed.

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):

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

Findings:

The action required from the previous inspection was addressed.

Restraints used and identified in the centre's policy were managed in line with the national policy and guidelines that promotes the least restrictive method for the shortest duration. Inspectors were informed that one resident had requested the use of a bedrail. The resident and associated records maintained confirmed this request.

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:

On the previous inspection, it was noted that not all necessary policies with respect to risk management were in place. Inspectors found that this had been addressed as per the action plan response submitted by the provider.

Inspectors also observed previously that procedures consistent with the standards published by HIQA were not in place for the prevention and control of health care associated infections. On this occasion, it was found that training in this regard had been delivered to staff. In addition, relevant procedures and policies had also been implemented.

Since the previous inspection, the provider obtained a fire safety certificate from the local fire authority as per building control legislation. A copy of the certificate was provided to the inspectors. The application for the certificate contained details of the proposed building works, including those required to provide a satisfactory level of fire safety to the occupants of the centre. On the date of the inspection, the provider was in the process of undertaking these works, which were due for completion in July 2016.

It was noted on the previous inspection that while there many existing fire resistant doors provided in the centre, some of them were observed as not being in a condition capable of fulfilling their function of containing a fire and preventing the movement of smoke and fire through the building. On this inspection, it was noted that while remedial action had been taken in this regard, there were still some existing doors requiring attention, primarily due to the lack of a cold smoke seal or self closing device fitted to the door in some cases.

On the previous inspection, it was found that the means of escape from the centre was not adequate, primarily due to the fact that escape routes were not adequately protected with fire resistant construction in all cases. It was also found that the centre had not been adequately divided with fire resistant construction into compartments in order to provide areas of relative safety in areas of the building remote from a fire should one occur, which is necessary to ensure the centre can be evacuated safely in line with the principles of phased evacuation. Specifically, the ground and first floor were not adequately divided with fire resistant construction and the internal stairs was not protected, meaning that the ground and first floor were not divided from each other. On

this occasion, inspectors found that some remedial action was completed and that further action was scheduled for completion in July 2016. Additional fire exits had been provided from the centre, and escape routes were noted as being clear from obstruction. The centre was observed on this occasion as still not having been adequately provided with fire resistant construction. It was noted, however, that the provider was expecting fire resistant doors and windows to be delivered and fitted two days after the date of the inspection in order to protect the means of escape and divide the building where necessary as described above. The provider was able to furnish inspectors with confirmation from the suppliers that they would be on site on that date to conduct said works.

Inspectors previously noted that the arrangements in place for evacuating the centre at night were not adequate, due to a combination of staffing levels and the lack of fire resistant construction placing an unreasonable demand on said staff in the event of a phased evacuation of the centre at night. It was noted on this occasion that the division of the centre in to compartments with fire resistant construction was on-going, including the fitting of fire resistant doors as described above scheduled for two days after the inspection. The provider described the ongoing works and showed inspectors supporting documents outlining the scope of the works. Based on this information the inspectors held the view that the centre would be divided into compartments with fire resistant construction to such a degree as to ensure the evacuation demand on staff in the event of a phased evacuation of the centre at night would not be excessive.

It was also noted that the fire alarm panel, which was previously a four zone panel, had been replaced with an eight zone panel, to ensure the location of any potential fire could be determined in a more timely fashion in order to facilitate a quick evacuation of the correct fire compartment. There were three of the eight zones of the panel in use. This was the same as the previous inspection, when it was noted that three of the zones on the original panel were in use. Therefore, the new panel was noted as not providing any benefit over the old one on the date of the inspection.

Fire drills were noted as an issue on the previous inspection, specifically, the records relating to same did not demonstrate the adequacy of the arrangements in place within the centre in the event of a fire. On this occasion, inspectors spoke to numerous staff and found them to be knowledgeable with respect to the principles of fire safety. Inspectors reviewed records relating to fire safety training and fire drills and found that staff, including night staff were trained and given the opportunity to participate in drills. However, the drill records required further improvement. While the records indicated the date of the drill, the record did not contain the detail necessary to fully assure inspectors that the persons working in the centre are both aware of, and practised in, the procedure to follow in the event of a fire. They did not include details relating to the scenario simulated as part of the drill such as simulated fire location and time of day, staffing levels or the time taken to evacuate the compartment concerned. Therefore, the records were of limited use in ensuring the the adequacy of the procedure in place on a continuing basis.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Since the last inspection arrangements were put in place to store all medicinal products dispensed or supplied to a resident securely at the centre. Key lockable medicine presses and a medicine trolley had been provided to secure residents' medicines.

Suitable arrangements were in place to ensure medicinal products were administered in accordance with the directions of the prescriber and in accordance with advice provided by that resident's pharmacist.

Judgment:

Compliant

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

A record of incidents occurring in the centre was maintained.

Where required, a written report to the Chief Inspector at the end of each quarter was submitted.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The actions required from the previous inspection were addressed.

A hydraulic passenger lift between the ground and first floor was installed for use by residents since the previous inspection. Risk assessments were completed to ensure residents residing on the first floor could access the stairs safely by foot or use the passenger lift was not provided between floors. The chair lift remained in place on the stairwell. Inspectors were old it's purpose and function was under review but it was not in use at this time. A decision in relation to whether to remove the chair lift or retain it as a contingency measure should the lift not function was under consideration. Residents accommodated on the first floor were independently mobile. Some used a walking aid to promote their independence.

The inspectors met and spoke with residents. They also reviewed a sample of residents' care plans and associated documentation on the day of inspection. A failing reported following the previous inspection included entries recorded and dated in red ink. This had been addressed in the sample of nursing notes recorded which were seen entered in black ink.

On the previous inspection there was a lack of documented evidence of involvement by residents or their significant other in the care planning process. This had been progressed, with arrangements in place to include residents and or relevant others in the care planning process and reviews.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

On the previous inspection, multiple failings were identified with respect to the premises. These related to the layout and size of some bedrooms, the layout of the dining space, the layout of the bathroom facilities, the reliance on a chair lift as the sole means to transport residents with high mobility needs between floors, the sluice facilities and the laundry facilities.

Inspectors noted that remedial work to address these issues was in progress on the date of inspection. Some of the previous failings had been addressed and of those that were still outstanding, remedial work was on-going within the centre to address these with an expected completion date of July 2016.

Inspectors found that the remedial works relating to the bedrooms was on-going with much of the work not completed on the date of the inspection. Having reviewed the scope of the works, inspectors found that once complete, the remedial works should meet the needs of the residents in principle. However, the inspectors noted that they would be unable to accurately determine if the needs of the residents are being met in this regard until such time as the works are complete. Inspectors noted that some rooms would be unsuitable for residents with high mobility needs and to that end, asked that this be reflected in the Statement of Purpose and the admission criteria for the centre. The circulation space on the first floor was noted as being potentially unsuitable for residents with bulky mobility aids such as comfort chairs. However, the provider was able to successfully manage the centre in a manner that addressed this as the residents on the first floor had relatively low mobility needs generally.

The dining space was found to have been modified since the date of the inspection in order to address the issues previously identified. Refurbishment of the bathroom facilities was in progress, some of the facilities had been refurbished to a good standard, while the rest was scheduled to undergo refurbishment as part of the works. The provider had installed a hydraulic lift within the centre to facilitate free movement between ground and first floor in addition to the chair lift already installed on the

internal stairs.

The sluice and laundry facilities were awaiting refurbishment as part of the refurbishment works but were scheduled for completion in July 2016. The provider had provided interim sluicing facilities which were adequate for the purpose, considering the temporary nature of same.

It was also observed that the building work was well managed in manner that minimised disturbance to residents as well as maximising the available space within the centre.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The actions required from the previous inspection were addressed.

Inspectors were informed that there were no written complaints received since the last inspection. A record of verbal complaints was maintained detailing the nature of the issue and outcome following intervention by the person in charge.

An accessible and effective complaints procedure which included an appeals procedure was in place and on display.

Residents were aware of how to make a complaint and were satisfied with the arrangements available to them. Residents who spoke with inspectors were complimentary of the care and services provided.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The actions required from the previous inspection were progressed or being addressed by the improvements being made to the premises.

Work was on-going within the centre to address deficiencies identified in the layout and design of the premises including residents' bedrooms. Plans to improve resident accommodation were expected to be completed by July 2016. Improvements in relation to multi-occupancy rooms, the layout and reduced occupancy numbers in bedrooms was planned to enable residents to undertake personal activities in private.

Signage was displayed to advertise the use of Closed Circuit Television (CCTV) cameras in communal areas where residents occupied. An arrangement put in place since the last inspection included the written acknowledgement by residents or their representative regarding the use of CCTV.

As outlined in outcome 12, arrangements were progressed to ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents. The residents group and family members of those visiting during this inspection were informed of the ongoing work, changes to the premises and extension to the centre.

Part of this failing was on-going as it was linked and related to extension and upgrading of the premises to promote residents privacy and dignity. The actions outlined are due for completion by July 2016. Therefore, a required action is restated.

Judgment:

Substantially Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The actions required from the previous inspection were progressed.

As outlined in outcomes 12 and 16, arrangements were progressed to reduce the number of residents in multi occupancy rooms and to ensure that each resident had a choice of room they occupied. Work was ongoing to extend and reconfigure residents' rooms and accommodation to ensure that each resident has sufficient space and facilities to retain control over their clothes and personal belongings.

This failing was on-going as it was linked and related to extension and upgrading of the premises due for completion by July 2016. Therefore, a required action is restated.

Judgment:

Substantially 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):

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

Findings:

The actions required from the previous inspection regarding staff supervision and training staff were addressed. While, the actions required in relation to risk management, fire safety and the impact on staff from the design and layout of the premise were progressed.

On the day of inspection the number and skill mix of staff was appropriate to the needs of the residents. As outlined in other outcomes including 1, 7 and 8, remedial work was being addressed and to be completed within the timescales previously provided to HIQA.

The work ongoing included compartmentalisation of the building to address the size and layout of the centre to improve emergency response with minimum staffing levels. The improvement plans include maximum evacuation of seven residents from the compartment at any time by two staff on duty and others on-call.

Staff were seen to be supervised in the delivery of care and by completion of performance appraisals. Since the previous inspection mandatory and relevant training was provided to staff. The training programme completed since the last inspection included dementia and person centred care, legal use of control and restraint, manual handling, infection control, falls prevention and cardio pulmonary resuscitation. Training and or refresher for all staff in the prevention, recognition and response to suspected elder abuse was planned.

Part of this failing was on-going as it was linked and related to the upgrading of the premises and fire safety measures due for completion by July 2016. Therefore, a required action is restated.

Judgment:

Substantially 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:

Philip Daughen
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:	Heatherfield Nursing Home
Centre ID:	OSV-0000140
Date of inspection:	26/04/2016
Date of response:	22/05/2016

Requirements

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

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

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

Review and revise the statement of purpose following the completion of works.

1. Action Required:

Under Regulation 03(2) you are required to: Review and revise the statement of purpose at intervals of not less than one year.

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:

The statement of purpose will be updated once all upgrading works are completed.

Proposed Timescale: 31/08/2016

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:

Although building works were in progress, the building was noted as not being adequately divided with fire resistant construction in order to provide adequate means of escape to places of relative safety for residents on the date of the inspection.

2. Action Required:

Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

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

The Building is now in receipt of a Fire Safety Certificate from the Chief Fire Officer for Co. Meath. All upgrading works as per the conditions of the Certificate will be completed by the 31st July 2016.

Proposed Timescale: 31/07/2016

Theme:

Safe care and support

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

While fire drills were noted as being conducted within the centre, the records relating to same did not contain the detail necessary to fully assure inspectors that the persons working in the centre are both aware of, and practiced in, the procedure to follow in the event of a fire as described within the findings

3. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

The fire evacuation plan will be updated once the upgrading works are completed . There will be many more fire exits exiting the building .

Staff undergo extensive training dealing with both day and night evacuations. This will

continue

All fire drills and evacuations will be included in the Fire Log Registrar which is updated daily.

Proposed Timescale: 30/08/2016

Theme:

Safe care and support

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

While most fire doors were in serviceable condition, some doors were noted as requiring remedial attention in order to be capable of fully fulfilling their function of containing fires and preventing the movement of fire and smoke throughout the building.

4. Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Further seals will be added to any doors without same.

Proposed Timescale: 31/05/2016

Theme:

Safe care and support

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

Until construction works were completed, the lack of fire resistant construction placed an unreasonable demand on staff in the event of a fire at night within the centre.

While an upgraded fire alarm panel had been installed, it was not utilised to its potential in a manner that would ensure the location of a fire could be determined in a more timely fashion in order to facilitate a quick evacuation of the correct fire compartment to its potential to assist with a timely evacuation as described within the findings.

5. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

There will be increased zones on the fire alarm panel once all fire compartments have been finalised.

Proposed Timescale: 31/07/2016

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:

While improvements were noted as part of the continuing programme of remedial work, aspects of the premises did not meet the requirements of Schedule 6 of the Regulations as detailed in Outcome 12.

6. Action Required:

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

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

All upgrading works will be completed by the 31st July 2016 as per the terms and conditions of our registration.

Proposed Timescale: 31/07/2016

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Work was on-going within the centre to address deficiencies identified in the layout and design of the premises including residents' bedrooms. Plans to improve resident accommodation were expected to be completed by July 2016.

Improvements in relation to multi-occupancy rooms, the layout and reduced occupancy numbers in bedrooms was planned to enable residents to undertake personal activities in private.

7. Action Required:

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

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

All upgrading works will be completed by the 31st July 2016 reducing numbers in some bedrooms and thus increasing privacy for residents.

Proposed Timescale: 31/07/2016

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

Work was ongoing to extend and reconfigure residents' rooms and accommodation to ensure that each resident has sufficient space and facilities to retain control over their clothes and personal belongings.

8. Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

Upgrading works will be completed by the 31st July 2016 which will assist with residents having more control over personal property, possessions and finances.

Proposed Timescale: 31/07/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

As outlined in outcomes 1, 7 and 8, remedial work was being addressed and to be completed by July 2016.

The work was to include compartmentalisation of the building to address the size and layout of the centre to improve emergency response with minimum staffing levels.

9. Action Required:

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

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

The fire compartments will be completed by the 31st July 2016. The skill mix of staff on duty is continuously under review.

Proposed Timescale: 31/07/2016