

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sheelin Nursing Home
Centre ID:	OSV-0000160
Centre address:	Tonagh, Mountnugent, Cavan.
Telephone number:	049 854 0414
Email address:	info@sheelinnursinghome.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sheelin Nursing Home Limited
Provider Nominee:	Russell Mellett
Lead inspector:	PJ Wynne
Support inspector(s):	Geraldine Jolley
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	31
Number of vacancies on the date of inspection:	5

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: To:
08 March 2016 08:30 08 March 2016 18:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Statement of Purpose		Substantially Compliant
Outcome 02: Governance and Management		Non Compliant - Moderate
Outcome 04: Suitable Person in Charge		Non Compliant - Moderate
Outcome 05: Documentation to be kept at a designated centre		Substantially Compliant
Outcome 06: Absence of the Person in charge		Compliant
Outcome 07: Safeguarding and Safety		Substantially Compliant
Outcome 08: Health and Safety and Risk Management		Non Compliant - Moderate
Outcome 09: Medication Management		Non Compliant - Moderate
Outcome 11: Health and Social Care Needs		Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises		Substantially Compliant
Outcome 13: Complaints procedures		Compliant
Outcome 15: Food and Nutrition		Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation		Substantially Compliant
Outcome 18: Suitable Staffing		Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of an unannounced monitoring/thematic inspection. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre.

There were 31 residents accommodated at the time of this inspection. Three residents were accommodated for short term care and the remainder of the residents were residing in the centre on a long term basis.

Prior to this inspection the provider had submitted a completed self-assessment document to HIQA along with relevant policies. The inspectors reviewed these documents prior to the inspection.

Inspectors met with residents, staff members, the person in charge. Inspectors tracked the journey of residents with dementia. They observed care practices and interactions between staff and residents. They used a formal recording tool for this. They also reviewed documentation such as care plans, medical records and staff files. At the time of inspection only two residents were identified with a dementia related condition as their primary or secondary diagnosis.

The observation periods concluded the residents experienced positive connective care for the majority of the period observed. However, the role of the activity coordinator requires review to ensure all residents have opportunities to participate in activities in accordance with interests and capacities on a daily basis.

The centre was clean, warm and well decorated. Residents were complimentary of staff and satisfied with care services provided. There was a sufficient number of nursing and care staff with the proper skills and experience employed to meet the assessed needs of residents.

A total of 14 Outcomes were inspected. The inspector judged five Outcomes as moderately non-compliant. Seven Outcomes were judged as substantially in compliance with the regulations. Two Outcomes were considered fully compliant.

The post of person in charge has changed since the last inspection. This occurred on the 1st March 2016. A completed statutory notification to advise HIQA of the change of the person in charge had not been received at the time of inspection.

The areas of moderate non-compliance primarily related to;

Audits completed were not adequately reviewed to inform practice to improve the quality of care.

Aspects of the fire safety precautions require review.

There was variation in the arrangements for recording and investigating untoward incidents and accidents.

There was no evidence of pharmacy input to support medication management practice.

In some cases residents had variable access to general practitioner services.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of 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.

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):

No actions were required from the previous inspection.

Findings:

The Statement of Purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the regulations.

However, the Statement of Purpose was not updated to reflect the change in the governance arrangements with the appointment of a new person in charge and submitted to HIQA.

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):

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

Findings:

There was evidence of quality improvement strategies and monitoring of the services. The inspector reviewed clinical data collated throughout the past year. The procedures to complete audits requires review to inform learning and ensure enhanced outcomes for residents. The restraint audit was not clear and did not differentiate between one or

two raised bedrails clearly if a bed was placed against a wall and one rail was raised. The end of year falls audit did not contain details of all accidents for each month.

Audits completed were not reviewed to identify trends within the data collected. By way of example, the falls audit did not assist to identify repeat falls by individual residents. There was no correlation between the times falls occurred and staff levels. While data was being collected on weight records and details of each resident administered night sedation there was no review to inform practice to improve the quality of care. Similarly the system to oversee aspects of physical restraint managements (use of bedrails and lap belts) requires review.

An annual report on the quality and safety of care was not compiled reviewing and providing information on all aspects of the service provision for the previous year.

A completed statutory notification to advise HIQA of the change of the person in charge has not been received at the time of inspection.

Judgment:

Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge is a registered nurse and is noted on the roster as working in the post full-time.

The post of person in charge has changed since the last inspection. The deputy to the person in charge had fulfilled the post until a new person was appointed. This occurred on the 1st March 2016. The inspectors met with the new person in charge and reviewed and discussed his qualifications and experience.

The newly appointed person in charge in charge was in post one week at the time of this inspection. A completed statutory notification to advise the HIQA of the change of the person in charge has not been received at the time of inspection.

This is actioned under Outcome 1 Statement Of Purpose.

Judgment:

Non Compliant - Moderate

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff.

Records were stored securely and easily retrievable.

A sample of four staff files were examined to assess the documentation available, in respect of persons employed. All the information required by Schedule 2 of the regulations was not available in the staff files reviewed. The provider had applied and was awaiting the outcome of an Garda Síochána vetting for the most recently recruited staff. A record of current registration details for each nursing staff member was not available. Documentary evidence of qualifications were not in each sample of staff files reviewed.

A directory of residents was maintained update. The inspector noted the details of the most recent admission were recorded in the directory.

Judgment:

Substantially Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days. This occurred in July 2015 when the previous person in charge resigned.

The key senior manager was appointed to deputise during this absence.

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):

Findings:

Staff had the knowledge, skills and experience they needed to carry out their roles effectively. The inspectors observed and saw that residents were treated well with support provided appropriately.

Staff spoken with were able to inform the inspector of what constituted abuse and of their duty to report any suspected or alleged instances of abuse. Staff identified a senior manager as the person to whom they would report a suspected concern. The inspector viewed records confirming all staff had up to date refresher training in protection of vulnerable adults.

A policy and associated procedures for the prevention, detection and response to allegations of abuse was in place. No notifiable adult protection incidents, which are a statutory reporting requirement to HIQA, have been reported since the last inspection.

There is a policy on the management of responsive behaviour. Staff spoken with were very familiar with resident's behaviours and could describe particular residents daily routines very well to the inspector. Staff had completed training on caring for older people with cognitive impairment or dementia. This training included components to respond to responsive behaviours. Further training was planned for April 2016 for the remaining 16 staff.

Where residents had specialist care needs such as mental health problems there was evidence in care plans of links with the mental health services. Referrals were made to the consultant psychiatrist to review residents and their medication to ensure optimum health. The community mental health nurse visits the centre to provide specialist advise to support care to residents. The medical notes reviewed evidenced the rational for any prescribed antipsychotic medication and clarified its administration was not a form of chemical restraint.

There was a policy on restraint management (the use of bedrails and lap belts) in place. A restraint free environment was bring promoted .The percentage of residents with a raised bedrail has decreased from the time of the last inspection. However, the restraint assessment tool was not reviewed in line with other risk assessments at regular intervals. Each resident with a bed rail did not have an associated plan of care. There was not always a clear rationale detailed to outline how the raised bedrail supported the resident and ensured an enabling function.

Judgment:

Substantially 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):

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

Findings:

The health and safety of residents, staff and visitors in the centre was promoted and protected.

The risk management policy contained the procedures required by the regulation 26 and Schedule 5, to guide staff. Responsibility for health and safety procedures and an organisational safety structure was included in the risk management policy and health and safety statement.

Fire safety equipment including the fire alarm, fire fighting equipment, emergency lighting and smoke detectors were provided and were serviced at required intervals. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed. Escape route plans were displayed on corridors to show the nearest escape route.

However, aspects of the fire safety precautions require review. Some of the fire safety checks were not maintained up to date. A small number of staff were identified as requiring refresher training in fire safety in addition to newly recruited staff.

Evacuation sheets were fitted to the beds of residents following risk assessment. Instructions were provided in each bedroom outlining how the evacuation sheets are to be used. However, personal emergency evacuation plans were not developed for all residents. A risk assessment to identify the most appropriate aids suitable to residents' capability to assist them safely evacuate in a timely manner both during the day and at night were not developed.

There was limited evidence of routine fire drills apart from practical demonstrations at annual fire safety training. Staff did not participate in fire drill practices to include simulated evacuation techniques to reinforce their knowledge from annual training.

The building, bedrooms and bathrooms were visually clean. A sufficient number of cleaning staff were rostered each day of the week. There was a colour coded cleaning system to minimise the risk of cross contamination.

The training records showed that there was an ongoing program of training in moving and handling. A small number of staff were identified as requiring refresher training in the safe moving and handling of residents as their current certificate of training had expired. There was sufficient moving and handling equipment available to staff to meet residents' needs. Each resident's moving and handling needs were identified to include the type of hoist and sling size at the point of care delivery in bedrooms.

There were arrangements in place for recording and investigating untoward incidents and accidents. However, there was variation in the level of detail completed on accident forms, difference in practice in the recording of neurological observations and completing a post falls review. In the sample of records reviewed falls and near misses were not always completed in line with the procedures outlined in the centre's fall management policy. Neurological observations were not completed in each case where an unwitnessed fall occurred. Contributory factors were not always linked to known causes. One resident was moved to a bedroom closer to the nurses' station for ease of observation due to high risk of repeat falls. The bedroom was not suitable to ensure privacy. Other less disruptive ways to minimise the risk were not explored and negate the need to relocate the resident. There was no use of low-low beds or sensor mats to alert staff. Some raised toilet seats were not adequately secured to minimise the risk of accident.

There was a contract in place to ensure hoists and other equipment to include electric beds and air mattresses used by residents was serviced and checked by qualified personnel to ensure they were functioning safely.

Hand testing indicate the temperatures of radiators or dispensing hot water did not pose a risk of burns or scalds. Restrictors were fitted to upstairs windows. Access to work service areas to include the stairwells, kitchen and sluice room was secured in the interest of safety to residents and visitors.

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):**Findings:**

There was a medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

Each resident's medication was dispensed from individual packs. These were stored in individual trays which had a photo of each resident.

The inspector reviewed a sample of drugs charts. The prescription sheets reviewed were legible. Medications were transcribed by nursing staff. However, the system requires review. Transcribed medications were not countersigned by a second in each of the sample or records examined in accordance with An Bord Altranais guidance on medication management.

Medication was being crushed for a small number of residents prior to administration due to swallowing difficulty by the residents. The drugs were prescribed on the medication charts for administration in a crushed form individually in all cases.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

The maximum amount for PRN (a medicine only taken as the need arises) medication was indicated. However, some PRN medication was administered on a regular basis. This requires review to ensure prescribing is in accordance with administration practice.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) regulations. Nurses kept a register of controlled drugs. However, some controlled drug balances were not checked by two nurses at the change of each shift.

There was no evidence of pharmacy input to support medication management practice. Advice from pharmacy of reviews to guide nursing staff on contraindications and other forms of a drug for those with swallowing difficulty or blood screening for residents on a particular drug over a prolonged timeframe was not evident.

Judgment:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

There were 31 residents in the centre during the inspection. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition. At the time of inspection only two residents were identified with a dementia related condition as their primary or secondary diagnosis.

The inspectors reviewed four resident's care plans in detail and certain aspects within other plans of care. In the sample of care plans reviewed there was evidence care plans were updated at the required intervals or in a timely manner in response to a change in a resident's health condition. On admission a comprehensive assessment of needs was completed, reviewed and updated at regular intervals. There was evidence of consultation with residents or their representative in care plans.

Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, nutritional care, the risk of developing pressure sores and continence needs. However, the dependency of residents was not regularly reassessed. The assessment tool was completed on admission and not reviewed in line with other assessments at four monthly intervals.

Personal profiles were developed and available to care staff. These included details of the residents' life history, their likes and dislikes, level of support required with personal hygiene, mobility and safety, nutritional requirements and their communication needs.

There was a good emphasis on personal care and ensuring personal wishes and needs were met. However, further work is required to develop care plans that are more person-centred and individualised. Some plans of care were generic and described general good practice and not the specific needs of the resident. By way of example care plan for residents with dementia or behaviours that challenge require review to ensure they are more person centred.

In care plans for residents with dementia the degree of confusion or anxiety was not outlined. There was no information that indicated how this impacted on daily life. Information such as who the resident still recognised or what activities could still be

undertaken which guide staff practice was not always evident. It was not clear where the resident was on their dementia journey. Plans of care to meet the psychosocial needs of residents with responsive behaviours require review to ensure they are person centred and linked to the resident's life history and outline preventative and reactivate strategies.

In practice there was a system in place to ensure the safe discharge of residents admitted for short term care. Information for the general practitioner (GP) or public health nurse was outlined. Arrangements for medication review with the GP were put in place on the day of discharge. However, a plan of care for short term admissions to guide staff in a resident's rehabilitative goals were not in place.

In accordance with regulation 6 (1) Healthcare, the registered provider did not ensure appropriate medical and healthcare. Residents had variable access to GP services. While some medical teams visited the centre on a weekly planned basis each resident did not have timely access to medical care as residents' needs indicate. There was evidence of a reliance on phone conversations, faxed advice or prescriptions. In accordance with regulation 6 (2) the person in charge did not make available a medical practitioner chosen or acceptable to a resident in a responsive timeframe in some cases. Medical notes evidenced some nominated medical teams did not visit the centre regularly to review residents when they became unwell and to review their routine medication.

Access to allied health professionals to include dietetic service and psychiatry was available. The provider employs a physiotherapist one day each week for a three hour period. The physiotherapist is available to review all residents and undertakes individual and group exercise to promote mobility. Some residents have a personalised exercise programs developed. There was access to occupational therapy and some residents were recently reviewed and a good range of specialist equipment was provided for residents with an identified need. A number of residents were provided with air mattresses. Care staff completed repositioning charts for residents with poor skin integrity or when residents spent long periods in bed.

There were minor wounds being dressed and one resident with a vascular wound. Care plans, wound dressing records and comments on progress were available. All wounds were indicating signs of improvement or had healed. Advice from a clinical nurse specialist in wound management was available.

Each resident had a plan of care for end-of -life. The care plans contained good detail of personal or spiritual wishes. Decisions concerning future healthcare interventions were outlined. Residents with a do not resuscitate (DNR) status in place have the DNR status regularly reviewed to assess the validity of the clinical judgement on an ongoing basis

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and

homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The building is adapted to meet the needs of dependent older people and is comfortable and welcoming. The centre was found to be well maintained, warm, comfortably decorated and visually clean.

There are two day sitting rooms on separate floors. A dining room suitable in size to meet residents' needs is located off the kitchen. Other facilities include a room where residents can meet visitors in private, a hair salon, smoking room and an oratory.

There are six twin bedrooms and 24 single bedrooms. All bedrooms are ensuite with the majority fitted with a toilet and wash hand basin.

There were a sufficient number of toilets, baths and showers provided for use by residents. Toilets were located close to the day room for residents' convenience. Each resident had sufficient space to store their clothing and personal belongings.

Pictorial signage was used within ensuite bedrooms to assist residents identify bathrooms. However, the use of visual cues to help orientate residents to communal area requires improvement, for example the location of the visitor room. There were features to include murals on the walls in the dining room, the corridor on the middle floor and in the lift, to stimulate memory and provide areas of interest and diversion.

Each bedroom was provided with a clock located in a position on the wall where residents could see the time.

Judgment:

Substantially Compliant

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 centre maintained a complaints policy that met the requirements of the regulations. It was available in an appropriate format in the residents' guide and also available in leaflet form. A copy was on display in the centre and residents said that they knew how to make a complaint. Residents told inspectors that they would complain to the person in charge or any of the staff.

No complaints were being investigated at the time of inspection. A complaints log was in place which contained the facility to record all relevant information about complaints.

Judgment:

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(s):

No actions were required from the previous inspection.

Findings:

There were nutritious snack options available between meals to ensure sufficient or optimum calorific intake particularly for those on fortified diets. A trolley served residents mid morning and afternoon offering a choice of tea/coffee fruit, buns and biscuits.

The instructions for foods and liquids that had to have a particular consistency to address swallowing problems were outlined in care plans and available to catering and care staff. Staff interviewed could describe the different textures and the residents who had specific requirements. There was a sufficient number of staff in the dining room to assist residents at meal times. Eighteen residents attended the dining room for lunch on the middle floor. Three of these residents required full assistance with their meals.

Residents had care plans for nutrition in place. Nutritional screening was carried out using an evidence-based screening tool at monthly intervals. All residents were weighed regularly. Food intake records were well completed where a need was identified. Fluid charts were totalled to ensure a daily fluid goal was achieved.

In one file reviewed a resident had a progressive downward trend of weight loss. The records did not evidence clearly the action taken. While supplements were prescribed

and food intake monitored the juncture at which a referral to a GP is made or specialist advice from a dietician obtained was not clear in practice or defined in policy.

Judgment:

Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

As part of the inspection, inspectors spent a period of time observing staff interactions with residents with a dementia. Inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in two communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place at three different times for intervals of 30 minutes.

Observations were undertaken in the dining room and the main sitting room on the first floor. Observations were undertaken both in the morning and afternoon.

In the first observation on the top floor, inspectors found 100% of the observation period (total observation period of 30 minutes) the quality of interaction score was +2 (positive connective care). The observation took place in the sitting/dining room where eight residents had gathered for the morning. The residents had maximum dependency care needs. There was interactive conservation between residents and staff and local radio was being listened to. While there was positive interaction for some residents the observation period was very passive and not stimulating.

The second observation period was undertaken towards the end of lunch in the dining room on the middle floor. Some residents remained in the dining room after lunch and participated in a game of bingo. Staff assisted them to their preferred seating area prior to commencing the activity. Staff interacted with all residents and provided the appropriate level of assistance. The inspectors concluded at the end of the 30 minute observation period all of the residents experienced positive connective care.

The third observation period was in the sitting room in the late afternoon. Staff provided

kind personable care, with lots of friendly and personable interactions. Staff entering the sitting room greeted residents and spoke individually to residents regarding topics in which they had a particular interest. A staff member during the observation period discussed a football match with one resident in an interactive manner while assisting the resident. Another resident read the paper and was asked questions about the topic she had read by staff. However, for some residents the observation period identified scores of 0 (neutral care) passive and not stimulating. A small number of residents were observed either sleeping or unoccupied.

Residents had access to advocacy services. An advocate from a recognised agency visits the centre annually. There is both a collective and individual forum for residents and their next of kin to raise any concerns they have to the management team. An individual survey of residents needs was completed and an action plan put in place to address matters raised.

Residents' privacy was respected. Bedrooms and bathrooms had privacy locks in place. Residents could receive visitors in private. Residents capacity to make decisions and give consent is described in care plans.

Residents with good cognitive ability choose what they liked to wear and inspectors saw residents looking well dressed. Residents appeared comfortable with staff, engaged with them and looked for them when they needed support. Staff knew residents well and could describe for inspectors their backgrounds and specialist interests.

Residents had freedom to plan their own day within a communal setting. They could chose the times they wanted to get up in the morning, where to have breakfast and partake in activities. Their meal preferences were facilitated.

The role of the activity coordinator requires review to ensure all residents have opportunities to participate in activities in accordance with interests and capacities on a daily basis.

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):

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

Findings:

There was an adequate complement of nursing and care staff with the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre.

Staff demonstrated good knowledge and understanding of each resident's background in conversation with the inspector. There was a detailed policy for the recruitment, selection and vetting of staff. It was reflected in practice. Recently recruited staff confirmed to the inspector they undertook an interview and were requested to submit names of referees and complete Garda Síochána vetting.

Information available conveyed that staff had access to ongoing education and a range of training was provided. A small number of staff required refresher training in fire safety and safe moving and handling of residents. Staff had attended training on cardio pulmonary resuscitation, infection control and dementia care. Nursing and care staff had completed end of life care training between March and July 2014.

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:

PJ Wynne
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:	Sheelin Nursing Home
Centre ID:	OSV-0000160
Date of inspection:	08/03/2016
Date of response:	11/05/2016

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:

The Statement of Purpose was not updated to reflect the change in the governance arrangements with the appointment of a new person in charge and submitted to (HIQA).

1. Action Required:

Under Regulation 03(2) you are required to: Review and revise the statement of

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

purpose at intervals of not less than one year.

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

The statement of purpose has been reviewed reflecting the change in the new Person in Charge.

Proposed Timescale: 29/05/2016

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Procedures to complete audits require review to inform learning and ensure enhanced outcomes for residents. Audits completed were not reviewed to identify trends within the data collected to inform practice to improve the quality of care.

2. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

Audits to be reviewed and re-developed accordingly to ensure there is a correlation and continuity in delivering comprehensive care for each resident. Strategies to be amended for regular reviewing & learning from each personal data & identifying the trends to make necessary changes needed thus ensuring best practise to improve the quality of care.

Proposed Timescale: 29/07/2016

Theme:

Governance, Leadership and Management

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

An annual report on the quality and safety of care was not compiled reviewing and providing information on all aspects of the service provision for the previous year.

3. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:
Quality and safety of care report will be complied.

Proposed Timescale: 29/06/2016

Theme:

Governance, Leadership and Management

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

A completed statutory notification to advise the Authority of the change of the person in charge has not been received at the time of inspection.

4. Action Required:

Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

A new Person in Charge has been appointed since Inspection date, notification has been sent.

Proposed Timescale: 29/04/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

A record of current registration details for each nursing staff member was not available.

5. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Registration details for each nurse is now in place.

Proposed Timescale: 29/04/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

The restraint assessment tool was not reviewed in line with other risk assessments at regular intervals. Each resident with a bed rail did not have an associated plan of care. There was not always a clear rationale detailed to outline how the raised bedrail supported the resident and ensured an enabling function.

6. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

1. Individualised bed rail care plans will be developed for each resident.
2. Sensor mats are currently being sourced.

Proposed Timescale: 29/05/2016 2. 29/06/2016

Proposed Timescale: 29/06/2016

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:

There was variation in the level of detail completed on accident forms, difference in practice in the recording of neurological observations and completing a post falls review.

Neurological observations were not completed in each case where an unwitnessed fall occurred.

Contributory factors were not always linked to known causes.

Some raised toilet seats were not adequately secured to minimise the risk of accident.

7. Action Required:

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

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

1. Incident & Accident forms will be amended to indicate specifically the type of Incident or accident, it will also include contributory factors with plan eliminate or reduce further accident. In each case of an unwitnessed accident Neurological Observations will now be taken and case not closed until PIC is sufficiently happy with record & outcome.

2. All toilet seats are now fully secure with a weekly check on same.

Proposed Timescale: 1. 29/06/2016 2. 29/04/2016

Proposed Timescale: 29/06/2016

Theme:

Safe care and support

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

One resident was moved to a bedroom closer to the nurses' station for ease of observation due to high risk of repeat falls. The bedroom was not suitable to ensure privacy. Other less disruptive ways to minimise the risk were not explored and negate the need to relocate the resident.

There was no use of low-low beds or sensor mats to alert staff.

8. Action Required:

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

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

1. This resident has now been moved to a suitable room. Residents with high risk of falls now have low-low beds in situ.
2. Sensor mats are currently being sourced.

Proposed Timescale: 1. 29/04/2016 2. 29/06/2016

Proposed Timescale: 29/06/2016

Theme:

Safe care and support

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

Fire safety check were not maintained up to date in the fire register.

9. Action Required:

Under Regulation 28(2)(ii) you are required to: Make adequate arrangements for giving warning of fires.

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

Fire register is now correctly kept up to date, with an audit in place.

Proposed Timescale: 29/04/2016

Theme:

Safe care and support

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

A number of staff were identified as requiring refresher training in fire safety in addition to newly recruited staff.

10. Action Required:

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

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

1. All staff are now up to date in fire safety training.
2. Newly recruited since inspection will complete fire safety training in one month

Proposed Timescale: 1. 29/04/2016 2. 29/05/2016

Proposed Timescale: 29/05/2016**Theme:**

Safe care and support

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

Personal emergency evacuation plans were not developed for all residents. A risk assessment to identify the most appropriate aids suitable to residents capability to assist them safely evacuate in a timely manner both during the day and at night were not developed.

11. 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:

Personal emergency evacuation plans are now currently being developed.

Proposed Timescale: 29/06/2016**Theme:**

Safe care and support

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

the following respect:

There was limited evidence of routine fire drills apart from practical demonstrations at annual fire safety training. Staff did not participate in fire drill practices to include simulated evacuation techniques to reinforce their knowledge from annual training.

12. 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:

Arrangements will be made for Fire drills to be conducted depending on risk assessment and staff turnover. We plan to carry out three fire drills yearly, with some conducted at night or simulating night time conditions. Where possible Residents will be included in Fire training & Fire Drills.

Proposed Timescale: 29/08/2016

Outcome 09: Medication Management**Theme:**

Safe care and support

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

Transcribed medication were not countersigned by a second in each of the sample or records examined in accordance with An Bord Altranais guidance on medication management

13. Action Required:

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

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

1. All transcribed medication are now countersigned by a second, with a weekly audit in place.
- 2 .All nurses will undertake a medical management course.

Proposed Timescale: 1. 29/04/2016 2.29/05/2016

Proposed Timescale: 29/05/2016

Theme:

Safe care and support

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

Some PRN medication administration requires review to ensure prescribing is in accordance with administration practice.

14. Action Required:

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

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

1. Arrangements have been made for GP to have regular scheduled home visits along with three monthly and six monthly reviews on all residents medication. Changes will be made in regards with the PRN medication to ensure that prescribing is in accordance with administration practise
2. Pharmacist will also provide training with all nurses. Arrangements are made to have regular Pharmacy input to support medication management practice Also to advice and support to nursing staff.

Proposed Timescale: 29/06/2016

Theme:

Safe care and support

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

Some controlled drug balances were not signed by two nurses at the change of each shift.

15. Action Required:

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

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

1. All controlled drug balances are now signed by two nurses at the change of each shift, with an audit in place.
2. All nurses will undertake a medical management course.

Proposed Timescale: 1. 29/04/2016 2. 29/05/2016

Proposed Timescale: 29/05/2016

Theme:

Safe care and support

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

There was no evidence of pharmacy input to support medication management practice. Advice from pharmacy of reviews to guide nursing staff on contraindications and other forms of a drug for those with swallowing difficulty or blood screening for residents on a particular drug over a prolonged timeframe was not evident.

16. Action Required:

Under Regulation 29(2) you are required to: Facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.

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

Arrangements have been made for the Pharmacist to visit Nursing home on a monthly basis. Pharmacist will also provide training with all nurses within the month.

Proposed Timescale: 29/05/2016

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:

The dependency of residents was not regularly reassessed. The assessment tool was completed on admission and not reviewed in line with other assessments at four monthly intervals.

Further work is required to develop care plans that are more person-centred and individualised. Some plans of care were generic and described general good practice and not the specific needs of the resident. By way of example care plan for residents with dementia or behaviours that challenge require review to ensure they are more person centred.

A plan of care for short term admissions to guide staff in a resident's rehabilitative goals were not in place.

17. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

1. Dependency levels will now be reviewed and updated at three monthly intervals.
2. Care plans will be reviewed and where necessary new care plans developed that are

more person centred and individualised. New Dementia specific care plans are to be developed outlining their Dementia journey.

3. Plan of care for short term admissions will be developed

Proposed Timescale: 1. 29/04/2016 2. 29/07/2016 3. 29/05/2016

Proposed Timescale: 29/07/2016

Theme:

Effective care and support

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

The registered provider did not ensure appropriate medical and healthcare. Residents had variable access to general practitioner services.

18. Action Required:

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

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

Arrangements are in place for some medical teams to visit weekly, arrangements have been put in place for other medical teams to visit bi weekly. All GPs will come during times if acutely unwell.

Proposed Timescale: 29/05/2016

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:

The use of visual cues to help orientate residents to communal area requires improvement for example the location of the visitor room.

19. 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:

Visitors room is clearly marked with use of additional visual cues together with the ones already in place.

Proposed Timescale: 29/04/2016

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

The juncture at which a referral to a GP or a dietitian is made for specialist advice when a resident is losing weight was not clear in practice or defined in policy.

20. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

1. Nutrition policy has been amended to reflect the juncture at which a referral to GP or a dietitian is made.
2. Nutrition care plans will be amended.

Proposed Timescale: 1. 29/04/2016 2. 29/05/2016

Proposed Timescale: 29/05/2016

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:

The role of the activity coordinator requires review to ensure all residents have opportunities to participate in activities in accordance with interests and capacities on a daily basis.

21. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

A review of the activities time table and delivery of activities will be addressed. An assistant Activities co-ordinator position will be created to ensure all residents needs are met.

Proposed Timescale: 29/05/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

A small number of staff required refresher training in safe moving and handling of residents.

22. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

1. All staff are now up to date in safe manual handling of residents
2. Newly recruited since inspection will complete training in one month

Proposed Timescale: 29/05/2016