

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ocean View Nursing Home
Centre ID:	OSV-0000262
Centre address:	Knockglassmore, Camp, Tralee, Kerry.
Telephone number:	066 713 0267
Email address:	oceanviewnh@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Margaret O'Donnell
Provider Nominee:	Margaret O'Donnell
Lead inspector:	Caroline Connelly
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	34
Number of vacancies on the date of inspection:	1

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
28 September 2016 11:00	28 September 2016 19:00
29 September 2016 09:00	29 September 2016 17:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	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	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an announced registration inspection which was the seventh inspection of Ocean View Retirement and Nursing Home by HIQA. The provider applied to change the entity from a sole trader to a limited company and the current provider was remaining in her position for the interim period and remains a director of the company. There had been no change to the person in charge but a

staff nurse had been promoted to Assistant Director of Nursing (ADON) and part of the management team. During the inspection the inspector met with the provider nominee, the person in charge, the ADON, residents, relatives, one of the new directors of the company, the chef, the residents advocate and numerous staff members. The inspector observed practices, the physical environment and reviewed all governance, clinical and operational documentation such as policies, procedures, risk assessments, reports, residents' files and training records to inform this application. The provider, person in charge and the staff team displayed good knowledge of the regulatory requirements and they were found to be committed to providing person-centred evidence-based care for the residents.

There was a clearly defined management structure in place. The management team were proactive in response to the actions required from the previous inspection and the inspector viewed a number of improvements throughout the centre. A number of questionnaires were received from residents and relatives and the inspector spoke to many residents and relatives throughout the inspection. The collective feedback from residents and relatives was one of great satisfaction with the service and care provided. Residents stated that they felt safe and secure, their opinions were valued and food was great. Relatives said there was a lovely atmosphere in the centre when they visit and kindness and humour was evident throughout. One relative said the person in charge was always introducing new initiatives to better the lives of the residents. Family involvement was encouraged with relatives and residents stating they are welcomed at any time. The inspector saw numerous visitors in and out of the centre during the two day inspection. The inspector found the premises; fittings and equipment were clean and well maintained. There was a good standard of décor throughout.

There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. Resident's health and social care needs were met. Residents had comprehensive access to (GP) services, to a range of other health services, and the nursing care provided was evidence-based. Residents could exercise choice in their daily life and were consulted on an ongoing basis. Residents could practice their religious beliefs. In summary, the inspector was satisfied that the centre was generally operating in compliance with the current conditions of registration granted to the centre.

The inspector identified aspects of the service requiring improvement to enhance the findings of good practice on this inspection. These are discussed under the outcome statements. The related actions are set out in the Action Plan under the relevant outcome which included issues with care planning and fire drills.

These improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016. The provider was required to complete an action plan to address these areas.

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 and function was viewed by the inspector, and it clearly described the service and facilities provided in the centre. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care.

The statement of purpose included the registration date, expiry date and the conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007 and the arrangements for the management of the centre in the absence of the person in charge was updated with the new ADON details. Overall the statement of purpose was found to meet the requirements of legislation.

Judgment:

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 provider applied to change the entity from a sole trader to a limited company and the current provider was remaining in her position for the interim period and remains a director of the company. There had been no change to the person in charge but a staff nurse had been promoted to ADON and part of the management team. The provider, person in charge and the staff team displayed good knowledge of the regulatory requirements and they were found to be committed to providing person-centred evidence-based care for the residents. There was a clearly defined management structure in place. They were proactive in response to the actions required from the previous inspection and the inspector viewed a number of improvements throughout the centre.

The management team and staff demonstrated a commitment to continual improvement and quality assurance. There was evidence of quality improvement strategies and monitoring of the services. The inspector reviewed audits completed by the person in charge and staff in areas such as health and safety, hand hygiene, dining experience, pressure ulcer audit and falls audit. There was evidence of actions taken as the result the audits, particularly in relation to falls where increased notifications were placed in residents rooms "don't fall call" reminding residents to call staff if they wanted to move. They also placed discrete notices in relation to falls risks such as a red rose for high risk and a yellow rose for medium risks which the person in charge and staff say is working well to prevent falls. In relation to mealtimes the menu and dining experience had been changed in accordance with feedback from the residents. The medication audit identified issues that action was taken on but the frequency of re-audit required review to ensure changes implemented were effective.

The person in charge had completed 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 HIQA under section 8 of the Act for 2015. The annual review outlined service developments, results and feedback from a relative survey. The inspector was satisfied that the quality of care is monitored and developed on an ongoing basis and that the action taken in response to findings or trends identified generally resulted in enhanced outcomes for residents in areas audited.

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):
No actions were required from the previous inspection.

Findings:
The residents' contracts of care were viewed by the inspector. The inspector found that

contracts had been signed by the residents/relatives and found that the contract was clear, user-friendly and outlined all of the services and responsibilities of the provider to the resident and the fees to be paid. The contracts also detailed what was included and not included in the fee and were found to meet the requirements of legislation.

A Residents' Guide was also available which included a summary of the services and facilities provided, terms and conditions relating to residence, procedure respecting complaints and the arrangements for visits. This guide was found to meet the requirements of legislation.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge displayed a good knowledge of the standards and regulatory requirements and was found to be committed to providing quality person-centred care to the residents.

The inspector interacted with the person in charge throughout the inspection process. There was evidence that the person in charge was engaged in the governance, operational management and administration of the centre on a day-to-day basis. The inspector were satisfied that she was a registered nurse, was suitably qualified and had a minimum of three years experience in nursing of the older person within the previous six years, as required by the regulations. She has a commitment to her own continued professional development as she regularly attends relevant education and training sessions which was confirmed by training records.

Staff, residents and relatives all identified her as the person who had responsibility and accountability for the service and said she was very approachable and were confident that all issues raised would be managed effectively.

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:

On the previous inspection inspectors viewed a sample of staff files and found that there were some gaps in meeting the requirements of Schedule 2. Garda vetting was not in place for all staff, including new members of staff. A full employment history was not in place in all staff files. On this inspection the person in charge informed the inspector that they had really tightened up on their recruitment process and no staff commenced employment until satisfactory Gardaí vetting, references and all the requirements of schedule 2 of the regulations had been attained. The inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the Regulations.

The Directory of Residents was reviewed by an inspector who found that it complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Residents' records as also required under Schedule 3 of the Regulations were maintained and inspectors found that the medical and nursing records were comprehensive. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector.

The designated centre had 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 and these are reviewed and updated at intervals not exceeding three years as required by Regulation 4. The inspector viewed the insurance policy and saw that the centre is adequately insured against accidents or injury to residents, staff and visitors.

The inspector was satisfied that the records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Overall records were seen to be maintained and stored in line with best practice and legislative requirements.

Judgment:

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:

There had been no instances since the last inspection whereby the person in charge was absent for 28 days or more and the person in charge was aware of the responsibility to notify HIQA of any absence or proposed absence.

Suitable deputising arrangements were in place to cover for the person in charge when she was on leave. The ADON who is in post of ADON since May was in charge when the person in charge is on leave. The inspector met and interviewed the ADON throughout the inspection and she demonstrated an awareness of the legislative requirements and her responsibilities and was found to be a suitably qualified and experienced registered nurse.

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 inspector found that there were measures in place to protect residents from suffering harm or abuse. Staff interviewed by the inspector demonstrated a good understanding of safeguarding and elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The inspector saw that safeguarding training was on-going and training records confirmed that staff had received this mandatory training. This training was supported by a policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise.

The centre maintained day to day expenses for a number of residents and the inspector saw evidence that complete financial records were maintained. The inspector reviewed the systems in place to safeguard residents' finances which included a review of a sample of records of monies handed in for safekeeping. Money was kept in a locked area in the administration office. Monies were stored in envelopes with the name of the resident. All lodgements and withdrawals were documented and were signed for by two staff members.

There was a policy on responsive behaviour and staff were provided with training in the centre on behaviours that challenge along with dementia specific training which was confirmed by staff and training records. There was evidence that residents who presented with responsive behaviour were reviewed by their GP and referred to psychiatry of old age or other professionals for full review and follow up as required. The inspector saw evidence of positive behavioural strategies and practices implemented to prevent responsive behaviours and staff spoke about the actions they took. However the care plans reviewed did not reflect the positive behavioural strategies proposed and therefore did not ensure continuity of approach by all staff and person-centred de-escalation methods need to be outlined in residents' care plans. This is discussed further and action required is under outcome 11 Health and Social care needs.

There was a policy on restraint which was updated since the last inspection. There was evidence that the use of restraint was in line with national policy. On the previous inspection inspectors reviewed the bed rail assessment forms and found it did not adequately outline if alternative measures to the use of bed rails had been tried. The assessment form did not outline the specific risks of a resident using a bed rail and the outcomes of the assessment were not adequately documented. On this inspection the inspector saw that a new very comprehensive assessment form was now in place, which clearly identified what alternatives to bed rails had been tried to ensure bed rails were the least restrictive method in use. The inspector was assured by the practices in place and saw that alternative measures such as low profiling beds and sensor beams were being used to reduce the use of bed rails in the centre over recent years and there had been a continued reduction in bed rail usage. Where bedrails were required for a resident, the inspector saw evidence that there was regular checking of residents, discussion with resident family and the GP.

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

Findings:

Since the last inspection the centre had changed the provider of fire services to the centre and they were in the process of implementing a number of new systems into the centre. The fire policies and procedures were centre-specific. The fire safety plan was viewed by the inspector and found to be comprehensive. There were notices for residents and staff on "what to do in the case of a fire" appropriately placed throughout the building. Staff demonstrated an appropriate knowledge and understanding of what to do in the event of fire. The inspector saw that fire training was provided to staff in June 2016 and further training booked for October 2016. The person in charge said they conducted fire drills however the inspector did not see any evidence of the documentation of same. The actions taken and outcome of the fire drill was also not documented, therefore there was no record of learning from the drill and improvements required as a result. This had been identified and an action given at the last inspection. The person in charge acknowledged that drills needed to be undertaken more frequently and detail recorded regarding the evacuation process of the fire drill. The inspector examined the fire safety register with details of all services and tests carried out. All fire door exits were unobstructed and fire fighting and safety equipment and fire alarms had been tested on various dates in 2016 and fire alarm test and emergency lighting in September 2016. It was a requirement of the last inspection that all residents had personal emergency evacuation plans and on this inspection the inspector saw that these had been completed and were displayed on the back of each residents' bedroom door and also held in a central file.

Accidents and incidents were recorded on incident forms and were submitted to the person in charge and there was evidence of action in response to individual incidents. There were reasonable measures in place to prevent accidents such as grab-rails in toilets and handrails on corridors. The increase in falls notices in resident bedrooms as outlined in outcome 2 and the production of a falls prevention leaflet for residents had assisted in highlighting and preventing falls.

There was a centre-specific emergency plan that took into account all emergency situations and where residents could be relocated to in the event of being unable to return to the centre. Clinical risk assessments were undertaken, including falls risk assessment, assessments for dependency and assessments for pressure ulcer formation. The provider has contracts in place for the regular servicing of all equipment and the inspector viewed records of equipment serviced which were all up to date.

The environment was observed to be very clean and personal protective equipment, such as gloves, aprons and hand sanitizers were located throughout the premises. All hand-washing facilities had liquid soap and paper towels available. There were policies in place on infection prevention and control and staff that were interviewed demonstrated knowledge of the correct procedures to be followed. Hand hygiene training was on going and staff demonstrated good hand hygiene practice as observed by the inspector. Arrangements for the disposal of domestic and clinical waste management were appropriate and the inspector saw contracts were in place for same.

The health and safety of residents, visitors and staff was promoted and protected. A member of the laundry staff had undertaken a course in health and safety and was

instrumental in ensuring the health and safety of residents and staff was maintained and undertook regular environmental checks. The health and safety statement seen by the inspector was centre-specific dated June 2016. The risk management policy as set out in Schedule 5 did include all the requirements of Regulation 26(1) The policy did cover, the identification and assessment of risks and the precautions in place to control the risks identified and did include the measures and actions in place to control the following specified risks, 1) Abuse, 2) the unexplained absence of a resident, 3) accidental injury to residents or staff, 4) aggression and violence, and 5) self-harm.

Records viewed by the inspector indicated that staff had received up to date moving and handling training. Hoists were serviced on a regular basis as required by legislation and records of same were seen by the inspector. The inspector observed staff assisting residents using the hoists which was completed in a safe manner following best practice guidelines.

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):

No actions were required from the previous inspection.

Findings:

The medication trolley was secured and the medication keys were held by the nurse in charge. The inspector observed a nurse administering the morning medications, and this was generally carried out in line with best practice. Medications were prescribed and disposed of appropriately in line with An Bord Altranais and Cnáimhseachais na hÉireann Guidance to Nurses and Midwives on Medication Management (2007). Controlled drugs were stored in accordance to best practice guidelines and nurses were checking the quantity of medications at the start of each shift. The inspector did a count of controlled medications with the nurse which accorded with the documented records.

There was a system in place for reviewing medications on a three monthly basis by the GP and pharmacist and this was documented in residents' notes. Medications that required crushing were seen to be prescribed as such and signed by the GP. As required medications stated frequency of dose therefore ensuring there was a maximum dose in 24 hours that could not be exceeded.

There were centre specific written operational policies and records relating to the ordering, prescribing, storing and administration of medicines to residents in place. The inspector highlighted the lack of information in relation to as required medications. The

policy was reviewed during the inspection to include the procedure for as required medication prescribing and review and was then found to be comprehensive.

Medication errors were recorded and there was evidence that appropriate action was taken as a result of same. Nursing staff undertook regular updates in medication management training as evidenced by training records.

The pharmacist was involved in the reviewing the residents' medications on a regular basis and provided advice and support to the GP and staff. Audits of medication management were taking place which had highlighted a number of issues which were actioned however a further audit was not conducted to ensure the issues identified were resolved and this was outlined under outcome 2 governance and management.

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):

No actions were required from the previous inspection.

Findings:

The inspector saw that there was a comprehensive log of all accidents and incidents that took place in the centre.

Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 have continued to be reported in accordance with the requirements of the legislation. There were timely quarterly returns and written notifications were received within three days of accidents as required.

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:

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

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

Findings:

There was evidence that residents could keep the service of their own general practitioner (GP) but the majority of the residents were under the care two GP practices who provided medical services to the residents and visited weekly and more frequently as required. Residents' medical records were inspected and these were current with regular reviews including medication reviews, referrals, blood and swab results, and therapy notes. Residents' additional healthcare needs were met. Physiotherapy services were available and paid for privately if required and some residents had access to HSE physiotherapists. Dietician and speech and language services were provided by professionals from a nutritional company, who were also contactable by telephone for advice as required. All supplements were appropriately prescribed by a doctor. Optical assessments were undertaken on residents in-house by an optician from an optical company. Residents and relatives expressed satisfaction with the medical care provided.

There was evidence of regular nursing assessments using validated tools for issues such as falls risk assessment, dependency level, moving and handling, nutritional assessment and risk of pressure ulcer formation. These assessments were generally repeated on a four-monthly basis or sooner if the residents' condition had required it. Care plans were generally developed based on the assessments. The person in charge, ADON and staff demonstrated an in-depth knowledge of the residents and their physical, social and psychological needs. However and this was not fully reflected in the care plans available for each resident. Overall the inspector found inconsistencies in the care planning documentation of the residents reviewed. Core care plans were being used for a number of residents and these were not being personalised to that resident as they should be. These care plans were generic in format and the content did not identify individual needs and choices. Examples of this was seen in residents who mobilised with a walking aid and the walking aid not identified on the care plan, residents with a special diet or special consistency diet prescribed by the speech and language therapist or dietician and this was not reflected in the care plan, these could lead to mistakes and errors in care giving. The inspector also saw as discussed in outcome 7 safeguarding, a resident with responsive behaviours did not have care plans in place to direct the care required for the resident and to ensure a consistent approach by all staff. End of life care plans had not been completed to elicit residents wishes at end of life. This was discussed in detail with the person in charge and provider and they acknowledged the requirement to ensure the care plans were live documents directing care for all residents.

There was documentary evidence that the care plan had been discussed with the resident or relative as required and this discussion of care plans was confirmed by residents and relatives. Consent to treatment was documented. Nursing notes were completed on a daily basis.

The inspector observed that residents appeared to be well cared for, which was further reflected in residents' comments that their daily personal care needs were well met.

Residents, where possible, were encouraged to keep as independent as possible and inspector observed residents moving freely around the corridors and in communal areas.

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):

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

Findings:

Ocean View Nursing Home is a single-storey building that provides continuing, convalescent and respite care for up to 35 residents. There are 21 single en suite bedrooms with en suites containing a wash-hand basin, assisted toilet and assisted shower. There are also seven twin bedrooms; six of which have en suites containing a wash-hand basin, assisted toilet and assisted shower. Additional to en suite facilities there is a communal toilet with wash-hand basin and also a communal bathroom with a bath, wash-hand basin and assisted toilet.

Communal space consists of two dining rooms, two sitting rooms, an activity room and a large sunroom. There was an enclosed outdoor area that was accessible from within the centre and it included seating and a planted garden. There was also a concrete path around the outside of the building that had a hand rail. Residents and relatives confirmed their enjoyment of the outdoor area and discussed their plans to convert it to a sensory garden with a water feature which they had fund raised to provide.

There was adequate assistive equipment to meet the needs of residents, such as pressure-relieving cushions and mattresses, grab-rails, hoists and wheelchairs. A number of residents were observed using specialist seating and mobility aids to maintain their independence. Hoists, beds, wheelchairs and other equipment were all well maintained and service records viewed by inspectors were found to be up to date.

The kitchen was well equipped, clean, organised, with good food- hygiene practices in place. Kitchen staff had been trained in Hazard Analysis Critical Control Points (HACCP). There was a separate treatment room available which allowed residents to be treated by visiting clinicians in private.

The environment was found by the inspector to be homely, well decorated and in a style which was comfortable. The design is such that one side of the building overlooks the bay of Tralee and this provides pleasant views for residents as well as a lot of natural light and creates a bright atmosphere. The centre was warm, clean and tidy and residents and relatives confirmed that this was usual for the centre when talking to the inspector and in questionnaires received by HIQA.

Judgment:
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):

No actions were required from the previous inspection.

Findings:

There was a policy and procedure for making, investigating and handling complaints. The policy is displayed in the main reception area and is also outlined in the statement of purpose and function and in the Residents' Guide. There was evidence that complaints are discussed at staff meetings and informed changes to practice.

Staff interviewed conveyed an understanding of the process involved in receiving and handling a complaint. The inspector viewed a comprehensive complaints log and saw that complaints, actions taken and outcomes were documented in accordance with best practice and that feedback is given to the complainant.

There was an independent appeals person nominated and the policy had been updated to include the facility to refer to the Ombudsman if required.

Judgment:
Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The policy on end of life was viewed by the inspector and found to be comprehensive and directed staff to give a high standard of evidence-based appropriate care to residents and their relatives at any stage of end-of-life care from a practical, emotional and spiritual perspective.

The inspector observed, and residents and relatives reported, that residents' religious and spiritual needs were well provided for. Mass took place in the centre on a regular basis. Prayers and the rosary were held at different times of the day and residents confirmed their enjoyment of these. Residents from other religious denominations were visited by their minister as required. Residents had chosen to convert a sitting room into a prayer multi-purpose room and confirmed their enjoyment and use of same.

Residents who spoke with the inspector relayed positive feedback with regard to their care, access to the staff and their freedom to speak with the person in charge and staff regarding any issue. As discussed under outcome 11 further work is required in recording residents' end of life wishes. Referrals to specialist services were evidenced and residents had access to palliative care services. Notes reviewed demonstrated that residents were reviewed in-house, had timely access, interventions and follow-ups from this service. Pain was assessed using a validated tool and appropriate pain relief was prescribed and nausea was assessed, monitored and treated accordingly.

Care practices and facilities in place were designed to ensure residents received end of life care in a way that met their individual needs and wishes and respected their dignity and autonomy. Individual religious and cultural practices were facilitated and family and friends were facilitated to be with the resident when they were at end of life stage. There were overnight facilities for family members to use if required and staff said families had stayed in the past.

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 was robust evidence that each resident's dietary requirements as well as likes and dislikes were well known by catering staff. The inspector saw that in the kitchen the chef had a spread sheet on the wall identifying Individual resident's preferences, dislikes, special diets, fluid requirements, where the resident liked to dine and any special

requirements for dining. This was seen to be very personalised to each individual resident. The inspector observed that residents were provided with food and drink at times and in quantities adequate for their needs, they were offered choice and menus indicated there was variety. Residents that required specific diets and/or special consistencies of food were facilitated accordingly. The inspector viewed the modified diets and liquidised diets which were presented in a very attractive and appetising format.

The inspector saw that referrals were made to the dietician services for nutritional review and advice, and speech and language therapy if a resident had swallowing difficulties (dysphagia). There was evidence available in residents' records that allied healthcare recommendations were in place however as discussed and action given in outcome 11 care plans were not always updated with this information. Residents were weighed monthly and weekly if there were changes to their weight. There was evident that the documentation of a weight loss/gain prompted an intervention once a concern was identified including the commencement of food and fluid charts.

The person in charge and the chef had undertaken a comprehensive audit of the dining experience including a full observational exercise. Following on from this there was significant changes made including timing of meals, the purchase of new table cloths, changes to work practices in the kitchen to ensure all meals served hot and on time. Residents were very complimentary in relation to these changes and about the food and choice of food in general. The inspector observed mealtimes in the dining and found that mealtimes were an inviting and enjoyable time for residents. Residents were offered a varied, nutritious diet. The variety, quality and presentation of meals was of a good standard. Tables were set in an attractive manner with appropriate place settings.

The chef also attended residents meetings to discuss any issues with food and dining. There was evidence that residents' suggestions and requests were facilitated and they are undertaking a special day menu once a month. Residents informed the inspector that they are facilitated to choose the special day menu once a month from starter, main course, desert, wine and speciality coffees. Different combinations were available and all requests were facilitated over a period of time and residents were very happy with this initiative.

Plenty of drinks were available for residents throughout the day with tea/coffee rounds morning and afternoon and trays with drinks, fruit and snacks available in the day rooms.

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):

No actions were required from the previous inspection.

Findings:

The inspector viewed the programme of activities and saw there was a varied and full activity programme in place in the centre. there was live music on in the day room on the first day of the inspection with Bingo on the second day. Residents enjoyed other activities such as reminiscence therapy, therapy dogs, Sonas sessions and film evenings. Mindfulness and Yoga had recently been introduced along with Ipads which had also been purchased for residents use and enabled residents to have contact with family who lived away. Residents said the activities met their needs and were of interest to them and could bring suggestions and feedback to the residents committee about them.

The centre ran a garden fete in the summer where the residents were fully involved in the preparations and sold their own knitting and crafts. Families and the wider community were involved and the money raised is going to fund a water feature in the enclosed garden. This was decided by the residents through the residents committee. Residents were very complementary about the fete and said they really enjoyed the day and all the preparations leading up to the event.

The inspector saw minutes of meetings of the residents' committee which is held monthly. The last meeting was held on the 22 September 2016. The committee offers residents the opportunity to participate and engage in the running of the centre; residents made detailed suggestions about the mealtimes, activities and religious practices. Residents spoken with were complimentary about the residents' committee and felt that their issues and suggestions were taken seriously by the person in charge and by staff. One resident said that it makes everyone feel at home being asked their opinions on what colours, names should be used in the home, what they like to eat and drink etc. She went on to say it is important to be treated like adults and made to feel this is our home. Other residents strongly agreed with her. There was evidence that all issues identified by residents were followed up and actioned and feedback on same given to the residents. There was also a residents' representative committee set up that also met every two months with a relative representative for residents with dementia or cognitive impairment. Minutes of this meeting was also viewed by the inspector and valid issues were raised and acted upon.

A number of residents informed the inspector that the ability to vote was very important to them and that they were facilitated to do that in the centre. Plenty of newspapers and magazines were seen throughout the communal areas and residents told inspectors that they listened regularly to the news on the radio and on television.

The open visiting policy was confirmed by relatives. Residents commended staff on how welcoming they were to all visitors. Tea and coffee was offered to visitors and the inspector saw this taking place throughout the inspection. Residents and/or their

representatives had also been provided with opportunities to complete satisfaction surveys.

The manner in which residents were addressed by staff was seen by inspectors to be appropriate and respectful. The inspector observed the residents' privacy and dignity being respected and promoted by staff in the provision of personal care and screening was used in shared rooms. Advocacy services were available for residents as a trained advocate was in the centre on a regular basis and the inspector met and spoke to the advocate during the inspection.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

There was a centre-specific policy on residents' personal property and possessions and in the sample of residents' records that were reviewed by the inspector there were inventory's in place of individual resident's clothing and personal items.

Laundry facilities are on-site, they were maintained in good order and appropriate arrangements were in place for the regular laundering of linen and clothing and procedures were in place for the safe return of residents' personal clothing items. The staff member with the primary responsibility for laundry was knowledgeable about appropriate procedures in regard to infection control. Residents and their relatives informed inspectors that clothing was well looked after.

The inspector noted that bedrooms were personalised and residents were facilitated to have their own items, such as furniture and pictures. Each resident had furniture in their bedrooms to store clothing and personal items in their own bedside cabinets and wardrobes. Locked storage was provided as required.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs

of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

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

Findings:

Residents and relatives spoke positively about staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. Staff demonstrated a clear understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents.

The inspector reviewed staffing rotas, staffing levels and skill mix and was satisfied that there were sufficient staff on duty to meet the needs of the current residents. The person in charge conducted annual staff performance appraisals as part of her staff supervision and to develop staff skills. Records of regular staff meetings were viewed by the inspector.

A variety of professional development training records were viewed, including mandatory training for staff. The staff training and education records viewed by the inspector showed that nursing and care staff had attended manual handling, fire and elder abuse training and responsive behaviours training. Some of the nursing and care staff had attended training on care of the older person, dementia specific training, end of life training, wound care, infection control, communication, care planning and documentation. The inspector was satisfied that the education and training available to staff enabled them to provide care that reflects contemporary evidence based practice.

The human resource policy was centre-specific and included details for the recruitment, selection and vetting of staff. A number of staff were interviewed regarding their recruitment, induction, and ongoing professional development. A review of staff records showed that staff were recruited and inducted in accordance with best practice.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

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

Report Compiled by:

Caroline Connelly
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:	Ocean View Nursing Home
Centre ID:	OSV-0000262
Date of inspection:	28/09/2016
Date of response:	12/10/2016

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 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:

Records of fire drills were not correctly maintained and it was difficult to establish if they took place on a regular basis. There was also no detail recorded regarding the evacuation process of the fire drill and therefore no evidence of learning from same.

1. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety

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

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:

Fire drills will be conducted at regular intervals. There will be a detailed recording of the evacuation process and what has been learned. All staff attendance will be recorded.

Proposed Timescale: 28/11/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

The inspector found inconsistencies in the care planning documentation of the residents reviewed. Residents care plans were found not to be person centred to the residents and did not direct the care for the residents. They were not updated and not reflective of the care prescribed by allied health professionals and could lead to errors in care giving.

2. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

The Care Plans currently used at the home will all be reviewed by the team of nurses. They will become more Person Centred and will reflect the care that each resident receives. All Care Prescribed by Allied Health Care Professionals will be documented also.

Proposed Timescale: 31/01/2017

