

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Heatherfield Nursing Home
Centre ID:	OSV-0000140
Centre address:	Bush Lane, Raynestown, Dunshaughlin, Meath.
Telephone number:	01 825 9354
Email address:	heatherfieldnursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	J & N Sheridan Limited
Provider Nominee:	Noreen Sheridan
Lead inspector:	Sonia McCague
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times

From: 05 January 2017 14:45 To: 05 January 2017 16:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 12: Safe and Suitable Premises	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 inspection was carried out on receipt of an application to vary and remove a condition of the existing registration that was to refurbish the premises to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and improve the fire safety.

The centre is registered to accommodate 30 residents. An application by the provider was submitted and examined that included a change in the purpose and function of rooms, and reconfiguration of resident accommodation, including bathrooms and bedrooms, thus altering the footprint of the centre.

There were 28 residents in the centre on the date of the inspection. There were two vacancies and one admission was planned. The inspector met with residents, the provider nominee, person in charge and other staff on duty, reviewed documentation and inspected the premises.

On the previous inspection of 26 April 2016, non-compliances were identified under a number of different outcomes, with moderate non-compliances identified with respect to fire safety, risk management, and safe and suitable premises. This inspection was focused on the actions required following the previous inspection. Notifications submitted were also followed up.

The inspector confirmed that the work outstanding and actions required from the previous inspection had been completed. The premise was refurbished to improve and manage risks, including fire safety, and was laid out to meet the needs of the residents in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. This is discussed further in the body of the report.

A revised statement of purpose and function, floor plan and declaration of compliance with the fire certification was to be submitted following this inspection to reflect changes and works completed.

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 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):

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

Findings:

An action required from the previous inspection was to review and revise the statement of purpose following the completion of works.

While this had been addressed, the statement of purpose (SOP) required further information as set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The provider nominee agreed to forward a revised statement of purpose to reflect the staffing levels and fire safety arrangements, along with an up-to-date floor plan to include changes made to the footprint and numbering of rooms.

The provider also agreed to provide a declaration that work was completed in accordance with the conditions of the fire certificate.

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 actions required from the previous inspection were addressed as outlined in the provider's response.

The refurbishment of the premises provided that the building was divided into compartments to contain the risks associated with fire and provides adequate means of escape to places of relative safety for residents.

The inspector was informed that the fire alarm panel was divided into four zones and signage to display this recent change was to be erected.

Records of fire drills and simulated evacuations by staff were available that included the necessary information to evaluate staff performance during the drill and inform learning. Staff were trained and knowledgeable of the zones, fire safety equipment and personal evacuation emergency plans (PEEP) for each resident. Staff who communicated with the inspector were knowledgeable of emergency response plans. They could describe the procedure, zones and residents' personal evacuation plans. A record to demonstrate PEEP's were maintained was seen. Some resident's bedrooms on the first floor had been refurbished to include an additional fire exit door as a means of an alternative escape route. The work that included compartmentalisation of the building to address the previous size and layout of the centre had been completed to improve emergency response with minimum staffing levels at night.

Fire doors that were previously noted as requiring remedial attention in order to be capable of fully fulfilling their function of containing fires and preventing the movement of fire and smoke throughout the building, had been addressed. The inspector noted that a cold smoke seal and a self or automated closing device were fitted to fire doors examined.

The provider nominee showed the inspector a Fire Safety Certificate from the Chief Fire Officer for Co. Meath provided all upgrading works as per the conditions of the Certificate were completed.

The provider nominee agreed to forward a declaration that work was completed as certified, along with an up-to-date floor plan to include changes to the footprint and numbering of rooms, and a statement of purpose to reflect the staffing levels and fire safety arrangements.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

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

Findings:

The inspector confirmed that the work outstanding and actions required from the previous inspection had since been completed. The premise was refurbished to improve and manage health and safety risks including fire safety and was laid out to meet the needs of the residents in accordance with the statement of purpose and function.

The premise was clean, warm and well ventilated in areas for use by residents, visitors and staff.

A number of improvements were made as a result of the refurbishment of the premises. Improvements included a reduction in the occupancy levels in bedrooms and the layout of beds and furniture to enhance the available space and accessibility to wardrobes for residents to retain control over their clothes and storage of personal belongings. The inspector saw that resident accommodation had appropriate furniture and fittings, bedroom and sitting room accommodation had a view outside. The open planned sitting and dining facilities had been extended and a passenger lift completed at the time of the last inspection assisted residents' access between floors. A sluice facility was now available on both floors.

In general, the premise was completed to a good standard with good use of natural and artificial light noted.

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):

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

Findings:

Improvement in relation to the layout and reduced occupancy numbers in bedrooms was completed to improve and enable residents to undertake personal activities in private.

The inspector saw that the refurbished bedrooms were equipped with appropriate screening curtains to promote or maintain privacy.

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):

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

Findings:

The actions required from the previous inspection were addressed.

The number of residents in multi-occupancy rooms was reduced and each resident had a choice of room they occupied. Sufficient space and facilities to retain control over their clothes and personal belongings was provided for and to be kept under review with changes in residents and changes in residents needs.

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:

The actions required in relation to risk management, fire safety and the impact on staff from the previous design and layout of the premise were addressed in the refurbishment of the centre.

The upgrading work completed included compartmentalisation of the building to address the size and layout of the centre to improve emergency response with minimum staffing levels. A maximum evacuation of seven residents from a compartment at any time by two staff on duty and others on-call, was confirmed as a result of the refurbishment work.

Since the previous inspection fire safety and simulated fire drills by staff were completed. Records and staff on duty confirmed attending fire safety training and evacuation in October 2016. Staff who communicated with the inspector were knowledgeable of emergency procedures and response plans.

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:

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Heatherfield Nursing Home
Centre ID:	OSV-0000140
Date of inspection:	05/01/2017
Date of response:	30/01/2017

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 provider nominee agreed to forward a revised statement of purpose to reflect the staffing levels and fire safety arrangements, along with an up-to-date floor plan to include changes made to the footprint and numbering of rooms.

The provider also agreed to provide a declaration that work was completed in accordance with the conditions of the fire certificate.

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

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

Statement of Purpose now updated to include the staffing levels and fire safety arrangements, along with an up-to-date floor plan to include changes made to the footprint and numbering of rooms.

Certificate of Compliance forwarded to the Authority

Proposed Timescale: 28/01/2017