

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Greystones Nursing Home
Centre ID:	OSV-0000045
Centre address:	Church Road, Greystones, Wicklow.
Telephone number:	01 287 3226
Email address:	greystones@arbourcaregroup.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Greystones Nursing Home Limited
Provider Nominee:	Donal O Gallagher
Lead inspector:	Helen Lindsey
Support inspector(s):	Emma Cooke
Type of inspection	Unannounced
Number of residents on the date of inspection:	48
Number of vacancies on the date of inspection:	14

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 following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 March 2017 09:40 To: 14 March 2017 13:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Non Compliant - Major
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an unannounced inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to follow up on matters arising from the receipt of unsolicited information and notifications received from the provider. The inspection focused on governance and management and health and social care needs of residents.

As part of this inspection, inspectors met with the provider, person in charge and staff. Inspectors reviewed documentation such as a small number of residents' personal plans, prescription and administration charts, audits and training records.

Following receipt of this information and in line with our regulatory functions, HIQA requested that a provider led investigation was conducted. The purpose of the provider led investigation was to seek assurances from the provider that residents were protected and receiving an acceptable standard of care at all times. Based on the information and provider led investigation, an inspection was scheduled to follow up on practices in relation to the management of healthcare needs and associated regulations.

Overall, staff were familiar with residents' health and social care needs, and were observed to interact with residents in a respectful manner. However, improvements were needed to the management systems in place to ensure that the care provided is safe, appropriate to residents' assessed needs, consistent and effectively monitored at all times. Additionally, improvement was required in the following

areas:

- Governance and Management
- Health and social care needs
- Medication management

The issues identified at this inspection are outlined in the report and the action plan at the end of the report.

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 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):

No actions were required from the previous inspection.

Findings:

Inspectors found that there were management system in place to monitor nursing practice however they required improvement to ensure care provided was safe, appropriate, consistent and effectively monitored at all times.

In the absence of clear care plans to guide nursing practice and policies and procedures to support clinical judgement staff were required to use their own professional judgement in making decisions about care. Examples were seen where professional judgement used to make clinical decisions was not in line with evidence based practice or professional guidelines.

Inspectors found that oversight systems in place had not enabled management to identify practices that potentially could put residents at risk. For example an area of non-evidence based practice used by a member of staff to respond to a resident's need had not been identified as cause for concern, gaps in care plans that could lead to inconsistent care for residents had not been identified, and gaps in policies and procedures in the centre had not been identified. For further details see outcomes 9 and 11.

In discussing these findings with the acting person in charge inspectors were advised staff would follow evidence based nursing practice, however they were not able to say where they would source the information and whether their staff team did. An example was given that staff would rely on college training which may have been a significant time ago.

It was acknowledged that there were some effective systems in place to oversee nursing practice. The management team used audits as one of the methods to review practice in the centre. Inspectors reviewed a sample of audits that had taken place this year in

areas such as wound care, challenging behaviours and restraint. Findings from the audits informed actions to be taken and there was evidence of the learning from the audit results as examples were seen where actions had been addressed. For example in relation to clear instructions on testing of electric pressure relieving mattresses.

It was noted that the person in charge had changed since the last inspection, and the provider had arrangements in place for a temporary person in charge pending recruitment or appointment of a full time permanent person in charge. There was a defined management structure that identified the lines of authority and accountability.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Inspectors did not review all areas within this outcome and primarily looked into infection control practices.

The centre had a policy on infection control in place however a supporting document that covered cleaning arrangements in the centre was not available on the day of the inspection, and a copy was not forwarded on as agreed during the inspection.

The temporary person in charge was knowledgeable about the arrangements that should be in place for residents requiring infection control precautions. Suitable equipment was observed to be in place throughout the centre to support staff to adhere to any isolation precautions. For example, there was personal protective equipment (PPE) available on corridors.

Staff spoken with were clear of the procedures to follow in relation to infection control, for example, cleaning of bedrooms where infection control procedures were required, however it was not possible to check if this practice was in line with the centres policy as it was not available in the centre for staff, or for inspectors to review.

Judgment:

Substantially Compliant

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:

Inspectors did not review all areas of this outcome, and focused on the use of over the counter medications administered by nursing staff.

On review of the nursing notes and corresponding prescription charts on the day of inspection, an example was found where an over the counter medication had been given and professional guidelines published by An Bord Altranais agus Cnáimhseachais na hÉireann had not been followed.

Inspectors found that the centre had written operational policies in place that included a range of information including the procedure for ordering, prescribing, storing and administration of medicines to residents. However, it did not include guidance on the use of over the counter medication in the centre. Therefore there was no established policy in place for nursing staff to follow when administering over the counter medication.

Additionally, there was no evidence to suggest that the member of staff sought pharmaceutical or medical advice prior to administering the medication.

While it is acknowledged that staff were responding to identified healthcare needs and report there was a positive outcome for the resident, the process for administering over the counter medication in the centre required review.

The action for this outcome is made under outcome 11.

Judgment:

Non Compliant - Major

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):

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

Findings:

Inspectors reviewed a small number of resident records to seek assurance that regulations were being met.

Some areas of good practice were identified. For example, on review of the nursing notes, inspectors found evidence of access to a range of allied healthcare professionals such as General Practitioner's, dietician, tissue viability nurses and physiotherapy. There was also evidence that recommendations had been implemented in practice. Inspectors found necessary medical equipment was now available in the centre to prevent the unnecessary transfer of a resident to hospital, which was a learning outcome from a previous event.

However, Inspectors found examples where care planning was not detailed enough to guide staff practice and was not in line with evidenced based practice which could lead to a risk that residents' assessed needs may not be met consistently.

Inspectors reviewed some residents' care plans and found that residents had a personalised care plan in place. However, some care plans were not comprehensive enough to guide staff in the provision of care to ensure all assessed healthcare needs were being met consistently. The care plans reviewed lacked information such as the following;

- clinical baselines were not recorded to provide guidance on appropriate intake and output for a resident.
- fluid balance record charts had not been consistently evaluated in a 24hour period to evaluate a resident's condition.
- where care plans instructed for 'adequate fluid intake' to manage an assessed need, staff interviewed provided inspectors with different accounts of what would be considered adequate fluid intake for a particular resident with a complex healthcare need.
- variances in practice were given by staff questioned for the procedure to follow for blocked urinary catheters.
- a care plan was updated following a hospital stay but did not provide sufficient detail of clinical indicators or preventative measures to take to reduce the risk of the same condition occurring again.
- care plans did not contain guidance on all problem solving issues for specific medical devices.
- guidance on when to consider the use of 'as required' (PRN) medication. For example, when administering laxatives.
- inconsistent reference to a specific diet requirement in care plans leading to lack of clarity as to whether this was implemented in practice.

Staff interviewed were knowledgeable about residents conditions, however, inspectors

found that in some circumstances, the care described by staff did not align with the resident's care plan. Inspectors noted that there were variances in practices when nursing staff were asked about how they would carry out a particular procedure relevant to an assessed healthcare need. For example, there were differences in how staff described the procedure for carrying out an intervention and the prescription was not in line with the process described in the care plan. Also, there was a difference in how staff defined adequate fluid intake.

In the absence of clear guidelines in the care plans Inspectors requested to review specific policies and procedures that would guide and support nursing staff in the provision of specific healthcare needs of residents, for example, in relation to the management of constipation and urinary catheter care. Inspectors were informed there were no local written procedures for these two areas of care and the person in charge stated that staff would be guided by the directions in residents' care plans and medical recommendations.

The care plans reviewed did not contain full details on how to meet the residents needs, there were no local policies or procedures to guide staff in the absence of clear care plans, and staff described varied interpretations of the approach to meet some residents' needs. Therefore, inspectors concluded that there was a risk that appropriate healthcare may not be facilitated at all times.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Inspectors only reviewed parts of this outcome relating to staff training and suitable skill mix.

There was an actual and planned staff roster with a nurse on duty at all times. On the day of the inspection, there were 12 care staff, two nurses and the person in charge on

duty to meet the assessed needs of 48 residents. The person in charge stated that the centre would rarely have to avail of agency staff and maintained consistent staffing arrangements.

Staff had access to education and training to meet the majority of residents' assessed needs. Inspectors reviewed training records and found that staff had received relevant training in areas such as elder abuse, dysphagia, cognitive impairment, wound care management and continence promotion.

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:

Helen Lindsey
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Greystones Nursing Home
Centre ID:	OSV-0000045
Date of inspection:	14/03/2017
Date of response:	25/05/2017

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Management systems were not robust enough to ensure that the care provided to some residents was safe, appropriate, consistent and effectively monitored.

1. 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

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

monitored.

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

The action plan submitted by the provider does not satisfactorily address the failings identified in this report.

Proposed Timescale: 29/05/2017

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:

It was not possible to assess if procedures were consistent with the standards for the prevention and control of healthcare associated infections as the section covering clearing arrangements in the centre was not available.

2. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

We have reviewed and revised our disinfection & sterilisation guidelines and same can be viewed as a whole within our infection control policy.

It must be noted that the inspectors found that all staff members asked about infection control were clear of the procedures to follow and therefore on an outcome based review we are compliant.

Proposed Timescale: 21/04/2017

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:

Some care plans were not comprehensive enough to guide staff and ensure all assessed healthcare needs were being met consistently.

3. 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:

All care plans will be reviewed in full through the nursing homes practice of 4 monthly cycles of reviews and will be checked to ensure that they are comprehensive enough to guide the care team.

To avoid any possible delay during the 4 monthly cycle of care plan reviews the plans for any resident who has had a hospitalisation or an MDT intervention will be checked before 31/5/2017.

Proposed Timescale: 31/5/2017 and 31/8/2017

Proposed Timescale: 31/08/2017

Theme:

Effective care and support

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

Care plans were not comprehensively revised following hospitalisation to give clear guidance on the management of a resident's specific healthcare need.

4. 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 inspectors considered that one specific care plan was not comprehensively revised following hospitalisation. All care plans are revised and updated following all interventions and this practice will be reviewed in full to ensure that the care plans fully reflect the revisions required in future.

Proposed Timescale: 31/05/2017

Theme:

Effective care and support

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

A high standard of evidence based nursing care was not being provided at all times for some residents in accordance to guidelines issued by An Bord Altranais agus Cnaimhseachais.

5. 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 Cnaimhseachais.

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

All care plans are developed and reviewed in line with best practice so that they are person centred and specific to the identified individual needs of each and every resident. In developing our care plans, we confer with the various different members which make up the healthcare profession, i.e. GP, Speech and Language therapist, Dietician, Physiotherapist, Occupational therapists, Psychiatry of old age, Hospital consultants and public health nurses. This enables us to have a broad information base when caring for our residents. Should we identify a specific need which we cannot address we will look to our community of allied healthcare professionals to assist us in providing the best possible care to our residents.

Healthcare audits are performed throughout the year on either monthly or quarterly basis. These are in place to monitor the reviewing timeframe of individual resident assessments and careplans. In addition to these audits, as a nursing home group, we perform supplemental audits – Management Audits – which oversee amongst other topics, the careplanning and resident care and welfare

Proposed Timescale: 26/05/2017

Theme:

Effective care and support

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

Over the counter medication was not administered in line with professional guidelines issued by An Bord Altranais agus Cnáimhseachais na hÉireann

6. 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:

An over the counter medication was used for the relief of constipation following the clinical professional judgement of the nurse on duty. The actions taken by the nurse were person centred and time specific and delivered an excellent outcome for the resident.

Our Medication Management Policy has been reviewed and altered to ensure that there is clear guidance for the use of over the counter medications which is in full compliance with the guidelines published by An Bord Altranais agus Cnaimhseachais no hEireann.

Proposed Timescale: 26/05/2017