

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Haven Wood Retirement Home
Centre ID:	ORG-0000236
Centre address:	Bishopscourt, Ballygunner, Waterford.
Telephone number:	051-303800
Email address:	pdolan@havenwood.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Haven Wood Retirement Villages Limited
Provider Nominee:	Padraig Dolan
Person in charge:	Patricia Curran
Lead inspector:	Kieran Murphy
Support inspector(s):	Vincent Kearns
Type of inspection	Announced
Number of residents on the date of inspection:	64
Number of vacancies on the date of inspection:	0

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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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:
30 January 2014 09:00	30 January 2014 17:00
31 January 2014 09:00	31 January 2014 16:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection. This was the fifth inspection of Havenwood Nursing Home by the Health Information and Quality Authority's Regulation Directorate. The providers had applied to renew their registration which is due to expire on 30 May 2014.

The findings of the inspection are set out under 18 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

As part of the inspection the inspectors met with residents, the provider/person in charge, the assistant director of nursing, the clinical nurse manager, nurses, relatives and numerous staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The centre was a purpose built 64 bed nursing home which opened in 2007. Residents' accommodation was laid out over two floors and was observed to be bright and spacious. The centre was well decorated and the provider had made a significant effort to recreate a "street scene" on the main corridor by decorating offices as shop fronts, a barbershop and a post office.

At the last inspection in April 2013 one issue relating to care planning had been identified as requiring action and on this inspection this issue had been addressed appropriately. However a number of other actions were identified on this inspection. These improvements and other improvements as outlined below are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The provider was required to complete an action plan to address these areas:

- charges for additional services were not outlined in the contract of care
- staff files did not contain three written references as currently required by the regulations
- deficiencies in some aspects of the premises
- a current property list was not available for all residents.

A number of questionnaires from residents and relatives were received prior to and following the inspection and the inspectors spoke to many residents and relatives during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Family involvement was encouraged with relatives and relatives stating they are welcomed at any time. Residents' comments are found throughout the report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The statement of purpose was viewed by the inspectors, 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 were found to meet the requirements of legislation.

The statement of purpose contained reference to the provision of a trial of use of one of the houses in the retirement village as a quiet location for residents. This was described in the statement of purpose as "a normal home based environment". It did not impact on staffing levels in the centre and had its own dedicated staff. The provider outlined to inspectors that this was a trial that had been undertaken and at the time of inspection was under review.

Outcome 02: Contract for the Provision of Services

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:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A number of contracts of care were viewed by inspectors. The contracts of care were found to be comprehensive and were agreed and signed within a month of new admissions. The contracts outlined the services to be provided and the fees included in the contract.

The contract also outlined additional services provided in the centre like activities, hairdressing and chiropody. However the details of additional charges for services were not outlined in the contract.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge was a registered paediatric nurse and registered general nurse. She had worked in residential care since 1999 and in care of the older person since 2003. The person in charge had been director of care since 2006 and was also a member of the board of directors of the centre. The inspectors were satisfied that the person in charge was engaged in the governance, operational management and administration of this centre on a regular and consistent basis.

The nominated registered provider was also employed full time in the premises and either he or the person in charge was on call at all times in the event of an emergency.

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that all policies, procedures and guidelines such as prevention of abuse, end of life care and risk management were available as required by the regulations.

Inspectors viewed the insurance policy and saw that the centre was adequately insured against accidents or injury to residents, staff and visitors.

The directory of residents was viewed by inspectors and found to contain comprehensive details in relation to each resident including resident name, contact details for relatives and contact details for general practitioner (GP).

Inspectors found that the medical and nursing records were comprehensive. The centre had introduced a computerised nursing care system and inspectors observed that all staff spoken with were competent at inputting the data into the system. The care planning and the record of care provided to residents were accurately documented.

Outcome 05: 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:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There had been no periods where the person in charge was absent from the centre for 28 days or more since the last inspection and there had been no change to the person in charge. The person in charge and the nominated registered provider were aware of the obligation to inform the Chief Inspector if there was any proposed absence of the person in charge.

There were clear arrangements to cover for the absence of the person in charge. Either the nominated registered provider or the assistant director of nursing had responsibility for management of the centre when the person in charge was absent. An assistant director of nursing was appointed in November 2013. She qualified as a registered general nurse in 2007 and had worked as a clinical nurse manager in the centre since August 2012.

The person in charge, the registered nominated provider and assistant director of nursing were contactable in the event of any emergencies. Staff informed inspectors that they had easy access to their phone numbers to contact them in any situation where they are unsure what to do.

Outcome 06: 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.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied with the measures in place to safeguard residents and protect them from abuse. Inspectors reviewed the centre's policy on suspected or actual abuse which had an implementation date of December 2013. Other relevant policies reviewed included the policy on obtaining consent to treatment and the policy on advocacy.

Inspectors also reviewed staff training records and saw evidence that all staff had received mandatory training on elder abuse. Staff interviewed were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to.

Inspectors also reviewed the systems in place to safeguard resident's finances. The centre maintained day to day expenses for five residents and inspectors saw evidence that complete financial records were maintained. Each financial transaction which involved the receipt or return of monies was signed by the resident and was countersigned by staff. Inspectors did note that not all transactions were countersigned by two staff. There was evidence that every three months each resident received a written summary of the receipt or return of monies in relation to each financial transaction. Inspectors were satisfied that the system in place to safeguard residents' finances was transparent.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the centre's safety statement dated 1 October 2013 and a signed health and safety policy. Risk assessments were in place for all identified hazards like fire and manual handling with control measures in place for those hazards.

There was a valid fire certificate for the centre dated 18 November 2013. Inspectors saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained:

- Quarterly service of fire alarm system last dated November 2013
- certificate of fire extinguisher servicing and inspection dated 3 December 2013.

Inspectors reviewed training records which indicated all staff had received fire prevention and evacuation training within the last year. In relation to the evacuation of residents inspectors reviewed nursing care plans which outlined each resident's dependency level and evacuation method. Inspectors saw evidence that fire drills were completed every 3 months and all staff spoken with were aware of the procedures to follow in the event of a fire.

Inspectors reviewed an up to date policy on manual handling. A patient handling instructor was on the staff and inspectors reviewed records confirming the instructor had updated her qualifications in April 2013. Inspectors reviewed records which confirmed all staff receiving mandatory patient handling training in the last two years.

Inspectors reviewed resident care plans which outlined patient handling assessments and saw evidence that these assessments were updated at least every three months or more frequently based on the changing needs of the resident.

Facilities and procedures were in place to prevent and control the risk of infection. Hand washing facilities were located in the main entrance lobby, and wall mounted alcohol hand gel was available throughout the centre. The provider had designed and introduced wall mounted dispensers for gloves and aprons. These dispensers had screen guards to prevent residents accessing and potentially swallowing the gloves and aprons.

Inspectors visited the laundry where two staff between them worked six days per week. The staff members were aware of infection control principles and in particular the need for separate storage of soiled and clean laundry and that soiled clothes needed to be washed separately at a higher temperature. The provider outlined that a risk assessment will be undertaken in the area for the drying of cardigans and jumpers as this is in an area adjacent to where the dirty clothes were brought into the laundry.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a centre-specific policy on the ordering, prescribing, storing and administration of medicines to residents dated December 2013.

Inspectors were satisfied that there were appropriate procedures for the handling and disposal of unused and out of date medications. There was a centre-specific form on returning medication to pharmacy.

Inspectors saw evidence that residents can take responsibility for their own medication. One resident managed their own prescription eye drops. There was a written agreement signed by the resident and two nurses. It was recorded in the prescription sheet as administered by patient.

There was a medication fridge in the treatment room on the ground floor. The fridge appeared to be in good working order and inspectors noted that the temperature on the fridge was recorded by nursing staff each day. However, the temperatures recorded for the fridge ranged from 2 degrees to 15 degrees. Inspectors did not see evidence of action taken by nurses as a result of the temperatures in the fridge increasing or decreasing.

Inspectors were satisfied with the system in place for reviewing and monitoring safe medication management. The assistant director of nursing undertook audits of medication practices every three months. The assistant director of nursing also recorded all stock medication and there was an audit of stock also undertaken by pharmacy who dispensed the medication to the residents.

Outcome 09: 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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspectors found that all incidents and adverse events that occurred in the centre were followed up appropriately.

Inspectors saw evidence that following an incident a record of any immediate nursing or medical treatment was maintained in the individual resident's medical records. The nursing care plan was updated as required and any follow up treatment was recorded in the resident's medical notes.

Inspectors reviewed the incident reporting system that was maintained in computerised format in the centre. This reporting system recorded and categorised all incidents and also documented any action plan to be put in place to prevent an incident recurring.

It is a requirement of the regulations that all serious adverse incidents are reported to the Authority and the centre was compliant with this provision. The centre provided the Authority with a summary of all recorded incidents every three months as set out in the regulations.

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors saw evidence of a system in place to review and monitor the quality and safety of care of residents. There was documentation outlining a comprehensive system of audit to include review of medication management, wound care management, hand hygiene practice and prevention of residents falling.

Inspectors saw evidence that as a result of a systematic analysis of incidents in the centre a number of initiatives had been introduced. In relation to falls prevention the physiotherapist had reviewed the patterns of resident falls during 2012. A number of initiatives had been introduced including a sensor mat and sensor beam next to a resident's bed, staff training on prevention of falls, increased observation of residents during the night and an increased allocation of staffing at night. A review of reported resident falls for 2013 showed a 25% reduction in resident falls since the introduction of these interventions.

There was evidence that the provider had sought regular feedback from residents by means of a yearly satisfaction survey covering issues such as management, menus and the activities provided. Inspectors reviewed the results of these surveys for the last three years and saw the satisfaction levels to be consistently over 90%. Based on these surveys the provider had introduced improvements to the service like the provision of a tasting menu for residents in response to questions on meals. There was a suggestion box also in the centre.

All residents and families that spoke with the inspectors were very happy with the care provided in the centre.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

At the last inspection it was found that care planning needed to be reviewed.

During this inspection there was evidence of care plan review meetings for each resident which included the resident, family members and staff. The care plan review meetings took place on a three monthly basis. The care plan review identified the resident's individual needs and choices and an agreed care plan was introduced following this meeting. Inspectors spoke with a number of relatives of residents who were very happy with this care plan meeting as it helped to clarify any care issues. Inspectors reviewed a number of residents care plans and found them to be comprehensive and up to date.

Inspectors saw evidence that residents' health care needs were met through timely access to GP services. Residents had the option of care from their own GP and the contact details of the GP of each resident were available at the nurse's station. Each resident had a review by the GP at least once every three months. The GP also visited the centre every Tuesday and Friday and saw any resident who needed review. The nurse's station had a GP communication book with issues for the GP to follow up items like laboratory results or reports from hospital.

Inspectors found evidence that residents had appropriate access to allied health care services. There was a full time physiotherapist employed and mobility issues for residents were outlined to the physiotherapist at the handover of care at the start of each day. Inspectors found evidence of appropriate referrals of residents to other allied health services like speech therapy dietetics and occupational therapy. In the records reviewed many of the referrals were initiated by the physiotherapist.

There was a restraint policy dated December 2013 which outlined that the centre promoted a restraint free environment. Four residents were assessed as requiring cot sides for their beds which were regarded as restraints. A care plan was reviewed for each resident requiring restraint. There had been a documented meeting with the resident and alternatives to cot sides were considered including the provision of a lower bed.

The centre employed a full time activities coordinator who was observed baking with six residents on the first day of the inspection. There was a full seven day schedule of activities including flower arranging, singing, music and a cinema evening. Inspectors saw in residents' care plans that the activities coordinator had completed a "key to me" profile with each resident. This profile gave a detailed description of a person's life, where they had lived previously, where they had worked and what interests they had. The activities coordinator then tailored relevant activities for the person.

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre was a purpose built nursing home which opened in 2007. Residents' accommodation was laid out over two floors and was observed to be bright and spacious. The centre was noted to be well decorated. There were a number of lounge areas on both floors which were well furnished and comfortable.

Entry to and exit from the building was electronically secured with notices in place advising visitors to be vigilant of the safety and security of residents. There was restricted access to hazardous areas such as stairwells, sluice rooms and service areas in the basement. The inspectors reviewed the centre policy on CCTV and there were notices indicating that CCTV cameras were in operation on external doors and internal corridors only.

In general inspectors found the premises to be well maintained with suitable lighting, ventilation and under floor heating. There was a full time maintenance officer on site and the maintenance log showed regular maintenance conducted and suitable repairs recorded. Inspectors reviewed up to date service records for hoists, wheelchairs, assisted bath and mattresses. The lift between the first and second floors had been serviced, most recently in November 2013.

Inspectors saw evidence that a health and safety audit had been undertaken by the provider in November 2013. One of the issues identified by the provider as requiring action within three months was the repair of a strip of flooring leading from the activities room to the dining room. Inspectors observed that the repairs had not been undertaken and duct tape had been put on the flooring and the tape had become worn. Inspectors observed that the flooring was a trip hazard, particularly as it was in a location that was used frequently by residents and staff.

The pantry area in the dining room was observed to have a large hot water boiler, two toasters and a coffee maker. This area was accessible to residents but a risk assessment in relation to a burn hazard for residents was not available at the time of inspection.

A smoking area was provided for residents on the balcony area adjacent to a sun room on the first floor. To access the balcony area there was a drop in floor level which inspectors felt was a trip hazard. Inspectors observed the smoking area to be equipped with a fire extinguisher and a portable alarm was available for any resident who wished to smoke there. However the smoking shelter was found to be dirty with cigarette ends, sweet papers and a banana skin on the floor. The two chairs provided in the smoking shelter would be more suitable for internal use and were found to be dirty and stained.

While the centre was observed to be clean, a linen trolley, with soiled linen was stored on the corridor on the first floor. A risk assessment in relation to the hazard of cross contamination for residents was not available at the time of inspection.

In the dining room on the first floor window blind cords were not secured and a risk assessment of the hazard of residents becoming entangled in the window blind cord was not available.

Enclosed internal gardens were accessible by residents. However, there were not any grab rails externally which meant access to the gardens was a potential falls risk for residents.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied with the complaints process in the centre.

There was a complaints policy which had been updated in December 2013. It was displayed prominently at the nurses' stations both on the ground floor and the first floor. There was a complaints box and copies of the complaint form were available at the main reception.

Prior to the inspection questionnaires relating to the services provided by the centre were distributed by the Authority to residents and their families. The 21 returned questionnaires confirmed that residents and families were aware of the complaints process and who to make a complaint to. During the inspection visit all residents and relatives confirmed that they were aware of the complaints process and how to make a complaint.

Inspectors reviewed the complaints log for 2013. There were two complaints, one of which had been initiated in 2012. Inspectors saw evidence that each complaint was dealt with appropriately and dealt with to the satisfaction of the person making the complaint.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the end of life policy which was not dated. The person in charge informed inspectors that this policy had just been reviewed in January 2014. The policy outlined:

- end of life care assessment
- palliative care
- management of pain relief
- communication with residents families
- spiritual needs and suitable arrangements for religious needs to be met
- reporting requirements to the officer of the coroner.

Inspectors observed that spirituality needs had been identified in individual care plans. Inspectors spoke with a resident who said that she had organised her arrangements for end-of-life care and funeral arrangements with the person in charge. Inspectors also spoke with relatives of residents who had passed away in the centre. The relatives outlined that the care from staff was excellent and that the family was facilitated to stay in the centre as circumstances required. A pastoral care worker called to the centre twice weekly to provide one to one time for any resident who requested it.

The centre had its own bus for transporting residents to activities and there was a weekly bus to mass each Sunday. The centre had a separate oratory and minister of the eucharist attended each week. A rector called to the centre weekly.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a centre policy on monitoring and documentation of nutritional status. This policy incorporated dysphagia (swallowing difficulties) and percutaneous endoscopic gastrostomy (PEG) feeding.

Inspectors saw evidence of individualised care plans for residents with swallowing difficulties. There were also records of residents' weight and nutritional status. Each resident's nutritional requirements were communicated to the chef to include special diets, swallow assessments and food preferences.

There was a weekly menu available on the door into the dining room. There was a choice for breakfast, three main course options for lunch and two options for tea. Other meal options were available if requested by the resident. A picture information menu was also available.

Inspectors observed the food to be well prepared and very well presented. For residents requiring the food to be modified it was presented in an appealing way. Specialised cutlery was available as required to allow each resident to eat independently.

The inspectors observed a pleasant dining experience at lunchtime. The chef took individual residents orders before lunch and during lunch asked if residents were enjoying their meal. The chef also came around with the dessert trolley and sought feedback on the dining experience of residents. Any resident who required assistance with eating and drinking was supported in a discrete and sensitive manner.

The centre had a full time health care assistant available in the dining area. This initiative facilitated residents' access to snacks and hot drinks throughout the day and as requested.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors saw evidence that residents were consulted about how the centre was planned and run. Inspectors reviewed minutes of the residents' forum which met every three months and which contained an agenda seeking feedback on the quality of food, provision of tasting menus and a review of the activities schedule.

Inspectors spoke with a number of families of residents who confirmed that there were no restrictions on visits. There were a number of areas throughout the centre where each resident could receive visitors in private. For example on the ground floor there was a lounge area and on the first floor there was a sunroom, a quiet room and a library which had internet access. A separate apartment was made available to families if a resident was ill or receiving palliative care.

Inspectors saw evidence that staff were aware of the different communication needs of residents. Inspectors reviewed the centre's communication policy dated December 2013 which covered hearing, vision and cognitive impairments. Inspectors reviewed a care plan for a resident with vision impairment and saw six separate actions to assist this resident, including referral to an ophthalmic surgeon who had performed corrective surgery. This surgery had resulted in an enhanced quality of life for the resident.

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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspectors saw that there was a labelling system in place to ensure that residents' own clothes were returned to them from the laundry service on site.

Inspectors reviewed a policy on residents' personal property and possessions dated December 2013. This policy required that all residents' property would be itemised and a list retained in the residents' records. However, the policy did not require staff to update this property list. Inspectors reviewed five care plans and the property list was absent from four care plans reviewed.

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.

Theme:

Workforce

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Based on the review of the staff rota inspectors were satisfied that there were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. There was evidence that at least two nurses were on duty at all times. There was also evidence of the provider responding to residents' needs in relation to staffing by introducing two health care assistants to assist residents between 19:00 hrs and midnight. This was discussed as part of the falls prevention initiative at Outcome 10.

Inspectors saw evidence of good supervision for staff at all levels in the organisation. Inspectors reviewed minutes of a clinical supervision management meeting between the person in charge and the newly appointed assistant director of nursing dated 8 January 2014. The clinical nurse manager was responsible for induction and orientation of all new nursing staff. Inspectors spoke with the care supervisor who had responsibility for supervising 14 health care assistants each day to ensure the appropriate staff skill mix was available. Inspectors also spoke with the care skills coordinator who was an experienced health care assistant with an additional role in mentoring newly appointed health care assistants.

There was a staff performance and appraisal policy dated January 2013. Inspectors reviewed a sample of staff files and saw completed annual appraisals in each file. For newly recruited staff inspectors saw an appraisal completed at one month, three months and six months. All appraisals dealt with performance but also included a training needs analysis for each staff member. Staff confirmed to inspectors that they had been supported in accessing continuing professional education by the person in charge.

Inspectors saw evidence that all staff had received mandatory training in:

- fire prevention
- manual handling
- safeguarding residents and protecting them from abuse.

On a previous inspection in December 2012 it was found that a significant number of references reviewed were of a testimonial nature and there was no evidence to support their verification. Since that inspection the provider had introduced a centre-specific reference form which had a section on the bottom where the director of care or the owner had to sign off the reference to ensure validation. The validation consisted of checking the reference for any issues but also to check the validity of the person providing the reference. i.e. was the person a suitable qualified person to give a reference and how they knew the potential new employee. On this inspection there was evidence that this verification of references had been introduced and the provider was satisfying himself on reasonable grounds as to the authenticity of the references in respect of potential new employees.

However, the inspectors found that some staff files did not contain three written references as required by the regulations. The provider outlined that in some instances it was difficult to get the referee to complete the centre-specific reference form. In these circumstances, the referees were prepared to give verbal responses to the questions on the reference form to the centre administration manager who completed the form on their behalf during a phone conversation. Following this telephone conversation the director of care would validate the reference and sign once happy with content and authenticity. However, this was not in compliance with the requirement for three written references as currently required by the regulations.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Haven Wood Retirement Home
Centre ID:	ORG-0000236
Date of inspection:	30/01/2014
Date of response:	13/03/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Contract for the Provision of Services

Theme: Leadership, Governance and Management

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

The details of additional charges for services were not outlined in the contract.

Action Required:

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

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

Each new contract issued to new residents will include a schedule indicating the various toiletries and consumables items available from HavenWood. Immediate

updated list/schedule will be sent out to all residents/resident's NOK detailing the various prices. The list/schedule will be dated and valid for 12 months. With Invoice

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

starting April – 1/4/2014.

Any future changes in pricing will be detailed in a revised schedule that will go out to all residents and families. A copy of this schedule will also be included in the Statement of Purpose and the Resident's Guides. Statement of Purpose/Resident Guide – 1/4/2014.

Proposed Timescale: 01/04/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

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

A strip of flooring leading from the activities room to the dining room was a trip hazard, particularly as it was in a location that was used frequently by residents and staff.

Action Required:

Under Regulation 19 (3) (b) you are required to: Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

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

To date, there has being no issues with the temporary solution applied in this area. The taping was replaced during the HIQA inspection and will be monitored on a daily basis to ensure a trip hazard does not develop.

Replacement floor for both the dining room and the day care centre is being sourced. Unfortunately the flooring material/colour used is no longer available on the market. This flooring material is used on corridors and bedrooms and was installed to avoid any "step perception" with a change of surface/colour by our residents. We hope to have a similar product sourced and installed by end of April.

Proposed Timescale: 30/04/2014

Theme: Effective Care and Support

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

The pantry area in the dining room was observed to have a large hot water boiler, two toasters and a coffee maker. This area was accessible to residents but a risk assessment in relation to a burn hazard for residents was not available at the time of inspection.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

The pantry/kitchen area is constantly manned from 7:30am to 11:00pm by a carer. A written risk assessment of this area will be completed and any other recommendations/outcomes will be put in place.

Proposed Timescale: 31/03/2014

Theme: Effective Care and Support

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

A smoking area was provided for residents on the balcony area adjacent to the sunroom on the first floor. To access the balcony area there was a drop in floor level which inspectors felt was a trip hazard.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

The drop in the floor level from the sunroom to the balcony was measured by our architect at 30mm. This change of height is required for clearance for the door opening. New signage "mind the step" will be placed internally and externally on the doors.

Proposed Timescale: 13/03/2014

Theme: Effective Care and Support

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

Smoking shelter was found to be dirty with cigarette ends, sweet papers and a banana skin on the floor. The two chairs provided in the smoking shelter would be more suitable for internal use and were found to be dirty and stained.

Action Required:

Under Regulation 19 (3) (b) you are required to: Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

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

The Smoking area has been added to the Caretaker list of daily checks to ensure area is maintained to the standard required.
New suitable seating will be purchased and installed.

Proposed Timescale: 31/03/2014

Theme: Effective Care and Support

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

A linen trolley, with soiled linen was stored on the corridor on the first floor of the centre. A risk assessment in relation to the hazard of cross contamination for residents was not available at the time of inspection.

Action Required:

Under Regulation 19 (7) (g) part 5 you are required to: Put in place adequate arrangements for the proper disposal of sheets.

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

A risk assessment will be completed and any outcomes/recommendations will be put into place. Risk Assessment – 14th March, 2014. Actions arising – 30th April, 2014.

Proposed Timescale: 30/04/2014

Theme: Effective Care and Support

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

In the dining room on the first floor window blind cords were not secured and a risk assessment of the hazard of residents becoming entangled in the window blind cord was not available.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

On review of these window blinds, the cords for opening and closing of the louvers are two separate cords and are not looped as with other window blinds in other areas. A small double hook will be installed on both windows where the cords can be wrapped.

Proposed Timescale: 14/03/2014

Theme: Effective Care and Support

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

Enclosed internal gardens were accessible by residents. However there were not any grab rails externally which meant access to the gardens was a potential falls risk for residents.

Action Required:

Under Regulation 19 (3) (o) you are required to: Provide and maintain external grounds which are suitable for, and safe for use by residents.

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

Hand railing(s) will be designed and installed in this area. The design will have to be signed off by the local Fire Officer as these areas are emergency routes. Design to be completed by 14th March, 2014. Sign-off by Fire Officer by 31st March, 2014. Installation by 30th April, 2014.

Proposed Timescale: 30/04/2014

Outcome 17: Residents clothing and personal property and possessions

Theme: Person-centred care and support

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

Current property list was not available for all residents.

Action Required:

Under Regulation 7 (2) you are required to: Maintain an up to date record of each residents personal property that is signed by the resident.

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

HavenWood is planning to hold a Spring Clean Up week which will encourage residents and families to review and discard unwanted clothing and personnel items. Once completed, the listing on file will be updated. Spring Clean Week – 16th to 22nd of March.

All new items of clothing or personnel items will be documented on arrival into HavenWood. Updating of lists – Start 18th of March – aim to complete by 30th of April

Proposed Timescale: 30/04/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

The centre was not in compliance with the requirement for three written references as currently required by the Regulations.

Action Required:

Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at

the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

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

It has been HavenWood policy to ensure that we have 3 written references on file. Files checked by the inspectors did have 3 written references on file.

The issue appears to be the method of writing these references. In most cases, Referees are happy to complete the HW Reference form and return the form for verification and filing.

In some instances, the Referee is too busy to complete the form themselves but are happy to answer the questions and give their opinions verbally over the telephone. The HavenWood Administration Manager transcribes the answers as the Referee is providing them. The completed transcribed Form is then given to the DON; the DON must satisfy herself that the Referee is valid and relevant. Only when this is done, the reference is validated and is filed on the personnel file.

This is standard practice in Human Resources.

A full review on the personnel files will be undertaken; any transcribed references will be identified.

These Referees or an alternative will be contacted.

The transcribed Reference will be sent out to the relevant referee for signature or a new reference sought when a new referee is required.

Audit of personnel files – 31st March, 2014.

Contact with Referees – 30th May, 2014.

Proposed Timescale: 30/05/2014