

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Swords Nursing Home
Centre ID:	OSV-0000181
Centre address:	Mount Ambrose, Swords, Co. Dublin.
Telephone number:	01 890 0089
Email address:	swords@mowlamhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mowlam Healthcare Limited
Provider Nominee:	Pat Shanahan
Lead inspector:	Michael Keating
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	60
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 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.

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:
14 October 2014 09:30	14 October 2014 18:00
15 October 2014 09:30	15 October 2014 14:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
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 18 outcome inspection, which took place following an application to the Health Information and Quality Authority (the Authority) to renew registration of this centre. As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, accidents and incidents forms, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Authority prior to and during the inspection. These questionnaires were all positive of the service provided, and highly complementary of the input of staff.

Overall, the inspector found that the provider and the person in charge met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. They promoted the safety of the residents, and monitored closely the quality of the service provided to residents.

A major noncompliance was identified under the outcome of safeguarding and safety; in relation to the suitability of some residents to share rooms and in the area of positive behaviour support. Two moderate non compliances were identified relating to assessed health care need and governance and management. Evidence of good practice was found across all outcomes with 15 out of 18 outcomes inspected against deemed to be in substantial compliance with the Regulations. Outcomes judged to be fully compliant included the protection of residents' rights, dignity and consultation, medication management, complaints procedures, end of life care, health and safety and safe and suitable premises.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.

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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that the statement of purpose met the requirements of the Regulations, containing all of the information as listed within Schedule 1. It accurately described the service that was provided in the centre, was kept under review by the person in charge and the provider and was available to residents.

An error was identified in relation to information contained relating to fees charged to residents on Day 1 of the inspection. However, this administrative error had been corrected by Day 2, and a revised version of the statement of purpose was provided to the inspector.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Overall it was found that the quality of care and experience of the residents was monitored and assessed on an ongoing basis. There was a clearly defined management

structure that identified the lines of authority and accountability. However, non compliance's identified elsewhere in this report, specifically within Outcome 11: Health and Social Care Needs and Outcome 7: Safeguarding and Safety identified issues that were not identified by the centre monitoring systems.

There was a management structure in place incorporating the nominee provider, director of nursing, assistant director of nursing and staff nurses. The person in charge was not met with during this inspection as she was on leave however, the assistant director of nursing and person participating in management, representing the provider provided assistance to the inspector throughout the inspection process.

Regular clinical governance meetings were held every three to four months where audits in the areas of hygiene and infection control, health and safety, training needs, catering, medication management, documentation, and care standards, initiated by the person in charge were reviewed by the management team from the perspective of progress and improvement.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A resident's guide was provided to all residents' prior to admission to the centre. Each resident also had an agreed contract of provision of service, which included the fees charged for stay in the nursing home, as well as reference to additional fees to be charged such as for daily delivery of newspapers, escort to hospital appointments or social programmes and activities. While it was noted that all residents were charged a standard monthly fee for activities without choice, the person in charge stated that all residents were provided with individual activity. An activity coordinator was employed five days a week and efforts were made to ensure all residents benefited from their activity charge.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge was a registered nurse and worked full time within the centre. The person in charge had experience in the area of nursing older people. She was on sick leave during this inspection but had been interviewed previously by the Authority and was deemed to have the required experience and knowledge to hold the post of person in charge.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the records listed in Part 6 of the Regulations were well maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

The centre was adequately insured against accidents or injury to residents', staff and visitors, as well as loss or damage to a resident's property.

The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. Staff spoken with all had knowledge of all of the key policies and procedures steering practice.

Judgment:
Compliant

Outcome 06: Absence of the Person in charge

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

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge was aware of the providers' responsibility to notify the Authority of the absence of the person in charge. To date this had not been necessary. The person in charge was supported in her role by the assistant director of nursing who was registered with the Authority as a person participating in management. In addition, the roster identified a staff nurse as being in charge of each of the designated centre at all times.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector viewed training records and saw that all staff had received training on identifying and responding to elder abuse within the past year. The inspector found that staff were able to identify the different categories of abuse and what their responsibilities were if they suspected abuse or were uncomfortable with how a resident was being treated by a staff member. However, noncompliance was identified in the areas of positive behaviour support and safeguarding residents' from the risk of

potential aggressive behaviour, specifically relating to the sharing of a twin room for residents with significantly different support requirements.

A number of incidents of aggression had been documented in one resident's nursing notes and recorded within the individuals' ABC (Antecedent Behaviour and Consequence charts). The resident has been recorded as hitting staff and other residents on a frequent basis. The assistant director of nursing told the inspector that an alarm had been considered for this residents' door to alert night staff that he was leaving his room. However, this intervention had not been pursued; but this consideration further highlighted concerns the inspector had for the resident who shares this room. This resident has been assessed as having a severe cognitive impairment, and therefore does not have the capacity to communicate any concerns he may have in relation to sharing his room.

A similar issue was also raised by the inspector in relation to another resident, with severe cognitive impairment who shares her room with a resident who is regularly distressed and shouts for long periods of time, both during day or night and evidenced within her documentation. The assistant director of nursing, provider and operations manager provided reassurance to the inspector during the feedback meetings that these issues would be resolved as a matter of urgency.

The centre's policy on the use of psychotropic medication to alter the behaviour of residents did not sufficiently guide and inform staff practice. For example, where PRN (as required) was used for residents who present with behaviour that may challenge, clear guidance was not provided by way of PRN protocol or behavioural guidelines to indicate to staff when this form of restraint should be used. Documentation reviewed by the inspector showed that this intervention was being taken at various stages of behaviour for individual residents, with varying results.

Records indicated that non-restrictive distraction interventions were being used successfully to de-escalate similar behaviour, whereas, PRN intervention was recorded as the intervention in other incidences. In addition some staff spoken to state they were not clear on when they should intervene with medication, and would rely upon guidance from more experienced staff in this regard.

Residents were assisted with the management of their finances, and arrangements were in place to safeguard residents from the risk of financial abuse. There were robust procedures in place for managing resident's monies.

Residents spoken with confirmed that they felt safe in the centre and primarily attributed this to being familiar with the staff on duty, and that staff supported them as necessary in a very sensitive and professional manner.

A restraint free environment was promoted with relevant policies and procedures in place. Physical restraint was not used in the centre although there were a number of enabling restraints in operation within the centre. Bed-rails were used for a number of residents in addition to their low-low beds which were provided for all residents. These restrictions' had been appropriately assessed and had involved multi-disciplinary input as well as the capacity of the residents in question to be involved in the decision.

Judgment:

Non Compliant - Major

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:

The inspector found that the health and safety of residents, visitors and staff was sufficiently promoted and protected.

The inspector noted that there was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as environmental hazards and falls risk assessments. A risk management policy was in place and met the requirements of the Regulations. Health and safety officers were identified and there was a health and safety committee meeting held every 8 weeks with the person in charge and/or assistant director of nursing to discuss the management of risk, and any other safety issues.

The inspector read a number of minutes from these meetings. The committee had allocated certain tasks to each member such as auditing bedrooms from a health and safety perspective. Issues had been highlighted and addressed as a result.

Fire precautions were prominently displayed throughout the centre. Service records showed that the emergency lighting and fire alarm system were serviced annually. The inspector noted that the fire panels were in order, and the many fire exits, which had daily checks, were unobstructed. All staff had attended training and those spoken with were knowledgeable of the procedure to follow in the event of a fire.

There was an emergency plan which identified what to do in the event of fire, flood, loss of power or heat or any other possible emergency. The emergency plan included a contingency plan for the total evacuation of residents to another local nursing home in the event of an emergency.

A review of the training records evidenced that all staff had attended mandatory training in moving and handling. A number of staff who had begun employment in recent weeks had yet to receive this training, however, there was documentary evidence conforming that these staff were due to attend training on the 6 November 2014.

Judgment:

Compliant

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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:
There were written operational policies in place relating to the ordering, prescribing, storing and administration of medicines to residents. Staff nurses spoken with were knowledgeable in relation to all medications prescribed within the centre, and were observed administering medication in safe way, in line with best practice guidelines.

The person in charge had also put safeguarding measures in place to ensure that medication delivered to the centre by the pharmacist was checked to ensure that the delivery was correct. Specific measures had been put in place as medication was delivered in a pre-packaged format. These checks were completed by the assistant director of nursing and the pharmacist to ensure accuracy.

Medications that required strict control measures (MDA's) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of controlled drugs. The stock balance was checked and signed by two nurses at the handover of each shift.

A locked fridge was provided for medication which required temperature control and the inspector noted that the temperatures were within acceptable limits. There were appropriate procedures for the handling and disposal of unused and out of date medication.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and where required notified to the Chief Inspector.

The assistant director of nursing was aware of the legal requirements to notify the chief inspector regarding accidents and incidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge. The inspector read the accidents and incidents log and saw that all relevant details of each incident were recorded together with actions taken.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Residents had access to appropriate medical and allied healthcare professionals. However, deficiencies were found in relation to the health care supports relating to weight management for a number of residents with significant weight loss.

All residents were assessed using a recognised assessment tool regarding weight loss/gain within the centre. The assessments were maintained and reviewed on a regular basis for all residents. Residents with a score of 2 or more were referred to the General Practitioner (GP) and the dietician. In the case of two residents whose plans were reviewed in detail by the inspector in the company of a staff nurse, the subsequent follow up guidance and reviews by these healthcare professional had not been followed. For example, one resident was assessed in June as having a score of 2 and was subsequently reviewed by the GP and dietician that month. However, there was no documentary evidence to suggest that she had been reviewed by either professional since June; despite the fact that she has now been assessed as having a score of 4. These concerns were raised with the assistant director of nursing on Day 1 of the inspection. On day 2 of the inspection the GP reviewed these residents and they had been referred to the dietician.

The inspector saw that the arrangements to meet each resident's assessed needs were

set out in individual care plans with evidence of resident and representative involvement at development and review. The inspector reviewed a number of health care plans which considered assessed need in relation to areas such as dental care, cognitive deficit, sleep patterns, short term medical interventions, skin care, wound management, mobility, and personal care supports. Residents could access medical specialists for example some residents had recently attended dieticians, physiotherapy and speech and language therapy. Residents' had access to a GP who visited the centre three days a week routinely, and more frequently if required.

Assessors used validated tools to assess levels of risk of deterioration, for example vulnerability to falls, dependency levels, nutritional care and cognitive impairment. There was evidence that care plans were reviewed every three months or more frequently if required.

Each resident had opportunities to participate in meaningful activity and the activity programme was based upon the residents' interests and hobbies. There was an activities planner displayed on the wall, highlighting the week's activity. Residents were observed enjoying various activities during the inspection, such as holistic massage, sing-a-longs, live music session, hairdresser and bingo. There was an activities coordinator employed specifically to meet residents social and activation requirements and she was extremely knowledgeable of all residents' preferences in this area, and was well known to all residents who had high praise for this service.

Individual risk assessments identified the rights of residents to be involved in activity of choice, and prioritised this over the associated risk. For example, residents were identified as a high falls risk but chose to mobilise independently around the centre. This right was respected, and staff were more vigilant of the residents location as a result, and implemented other measure such as the use of hip-protectors to minimise the risk of injury should a fall occur.

A 'key to me' which were a social history of each resident were also in each resident's bedroom, and provided some information on the residents past, such as their occupation, place of education and family history. As identified previously in this report, an activities coordinator was employed to enhance residents experience in this area; care plans identified activities of preference for each resident, and these needs were met.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The centre and was kept clean and well maintained there had been no changes to the structure of the premises since the last inspection, or since its previous registration. The centre conforms to all of the matters as set out in Schedule 6 of the Regulations.

The accommodation includes 28 single rooms which have en suite facilities. There were also 16 twin rooms, with a wash hand basin and access to shared toilet and bathing facilities. There were an adequate number of bath, showers and toilet areas. The nursing home was well laid out with plenty of communal space and room for private visits or consultations. Residents had personalised their bedrooms, and the communal areas such as the sitting and dining rooms as well and the corridors were decorated with pictures of 'old Dublin' and times gone by, of interest to particular residents.

There was appropriate equipment provided to meet the needs of residents, hoists were maintained and used as required and there was an accessible bath available for the use of residents.

The grounds of the premises were well maintained, and there were a number of garden areas that were suitable for and used by residents.

Laundry facilities are discussed under Outcome 17.

Judgment:

Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The complaints policy was in place and the inspector noted that it met the requirements of the Regulations. The complaints policy was on display within the reception area as well as an abridged version provided to each resident, contained within their residents' guide. Residents, relatives and staff spoken with were aware of the procedure if they wished to make a complaint.

Complaints and feedback from residents were viewed positively by the provider and the person in charge and used to inform service improvements. The inspector read nine complaints recorded within the complaints log which logged during the past two years. In all cases, they appeared to be addressed to the satisfaction of the person who made the complaint and/or the resident concerned. All complaints had a follow up form attached. In addition, letters of response were issued to all complainants highlighting the response to the issue raised, as well as a clear apology where appropriate.

There was also an opportunity for the residents and relatives to meet with the management team on a six monthly basis, in order to encourage compliment and complaint. Minutes of these meeting were read, with evidence that suggested change had been implemented. Customer surveys were also used to solicit feedback from residents and relatives on all areas of service delivery, and were used to improve practice.

Judgment:

Compliant

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that caring for a resident at end-of-life was regarded as an integral part of the care service provided in the centre. The practice was informed by the centre's policy on end of life care which in turn was informed by links with a local Hospice.

The centre had completed a review of their end of life care and support as part of their preparation for thematic inspections, on this topic, carried out by the Authority. This information was reviewed by this inspector as part of this inspection. The centre had completed a self-assessment questionnaire as part of this preparation in which they had rated themselves as having a minor noncompliance.

However, subsequent to the self-assessment the person in charge and other nursing staff had completed a three day course on palliative care and had introduced further improvement as a result of their learning. For example, they had introduced an in-service training course on end of life care for staff working in the centre. An annual remembrance service was also due to be held in the centre in November 2014.

The policy on end of life care addressed all physical, emotional, spiritual and social needs of residents at end of life and promotes respect and dignity for dying residents. At the time of inspection no resident was receiving palliative care. However, the inspector reviewed the care plan of two residents who had recently passed away. These plans facilitated the resident and family members express their needs and wishes throughout the continuum of the end of life phase.

The preference of passing away in the centre was actively promoted by the provider and person in charge. This was evidenced by the fact that 31 residents had been supported to pass away in centre in the two years prior to them completing their self-assessment questionnaire in March 2014, as opposed to 8 residents who passed away in hospital during the same timeframe.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were provided with a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff. A main dining area was generally used by residents to eat their meals. A separate dining area was used by residents requiring support of staff to eat their meals. Particular care was given to the presentation of the meals that required an altered consistency. Training on food and nutrition had also been provided to a number of staff, and food safety training was considered mandatory for all catering staff.

Residents' dietary requirements were met to a high standard. The chef discussed the menu with the inspector and how she was aware of resident's likes and dislikes, and always had alternatives available. The inspector noted that the catering staff and the nursing staff on duty spoke with residents during the meal asking if everything was satisfactory.

The inspector ate a meal with residents and they were highly complementary of the food served. The food was served hot and well presented and was enjoyable. Menus offered choice over a four week rolling period, and these menus had been recently assessed for nutritional values by an external company.

The kitchen was clean and well organised and appropriately stocked with adequate supplies of meat, fruit, dry goods and fresh fruit and vegetables. The inspector saw residents being offered a variety of snacks and drinks and staff regularly offered drinks to residents' and their visitors.

Weight records were examined which showed that residents' weights were checked monthly or weekly according to assessed need. Nutrition assessments were used to identify residents at risk and were repeated on a monthly basis. Records showed that some residents had been referred for dietetic review however, subsequent guidance was not always followed, this noncompliance had been actioned under Outcome 11: Health and Social Care.

Medication records showed that supplements were prescribed by a doctor and administered appropriately. Additional effort was made to fortify the diets of these residents.

One resident was also receiving percutaneous endoscopic gastronomy (PEG) feeding. This resident's records showed that she had been admitted to the centre assessed by her GP as significantly underweight and malnourished, and requiring nutritional intervention. As a result she continued to be under regular review by a dietician and the GP.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were consulted with and participated in the running of the centre. Each resident's privacy and dignity was respected and they were enabled to exercise control over their lives.

The inspector saw that residents had choices about how to spend their day, with residents choosing activity, or to spend time alone in their rooms to read, watch television or rest.

Staff were observed knocking on bedrooms, toilet and bathroom doors and waiting for permission to enter. The inspector observed and heard staff interacting with residents in a courteous and respectful manner and addressing them by their preferred name.

Residents had access to a telephone, television, radio, and had access to newspapers. Residents' communication needs were highlighted in each care plan and were reflected in practice.

A residents' council had been set up, met on a regular basis and there was evidence that issues raised were dealt with accordingly. There were no restrictions on visitors and many visitors were seen coming and going throughout the two days of inspection.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents could have their laundry attended to within the centre. The laundry room was well equipped to meet the needs of the numbers of residents residing in the centre. Resident's personal laundry was washed individually, ironed and returned to each resident. This system ensured that residents' own clothes were returned to them. There was evidence from the customer satisfaction surveys, resident's council meeting minutes and from the complaints log, that previous issues relating to dissatisfaction with the laundry service had since been addressed. For example, there was now a system in place to ensure all new items of clothing were given to the centre administrator prior to leaving items in bedrooms in order to ensure they were properly labelled.

There was adequate storage provided for residents' possessions and plenty of wardrobe space for residents to keep their clothes. Residents were assisted as required to put laundry away and to keep their wardrobes tidy, many of the residents spoken with stated this was important to them. There was also a hand written list of each resident's property and possessions maintained.

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):

No actions were required from the previous inspection.

Findings:

There was evidence of safe staff recruitment practices and the inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of the residents. There was a recruitment policy in place which met the requirements of the regulations. The inspector examined six staff files and found that they contained all of the requirements of Schedule 2 of the Regulations.

The inspector confirmed that up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty. Resident dependence was assessed using a recognised dependency scale and the staffing rosters were adjusted accordingly. For example, the numbers of staff varied throughout the day in order to meet the assessed needs and dependency levels of residents. The inspector was satisfied that there was sufficient staff on duty to adequately meet the needs of residents.

Training was provided to meet the specific needs of residents. For example a broad range of training had been provided to staff such as phlebotomy, cardiopulmonary resuscitation (CPR), wound care, nutrition, pain management, syringe driver and palliative care.

Staff were competent to deliver care and support to residents as their learning and development needs had been met. In addition, all staff spoken with felt well supported both formally and informally. Many staff had been working in the centre for a long period of time, and this provided a consistency in the care being provided to residents. Residents and relatives spoken with were highly complementary of staff, and referred to many staff individually, providing example of how the named staff member(s) had been supportive to them.

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:

Michael Keating
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:	Swords Nursing Home
Centre ID:	OSV-0000181
Date of inspection:	14/10/2014
Date of response:	05/11/2014

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 in place had not identified appropriate ways of identifying rights and safeguarding issues relating to residents sharing rooms; or to ensure that guidance from associated health care professionals was adequately followed up and appropriately documented.

Action Required:

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

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

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

We hold quarterly Quality and Governance meetings within the nursing home the purpose of which is to identify areas such as those highlighted by the inspector. In future the safeguarding of residents in shared rooms and the follow up that has taken place with residents requiring input from other healthcare disciplines, will be included on the agenda.

Proposed Timescale: 05/11/2014

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

The person in charge had not responded adequately to ensure a resident was protected from potential risk of challenging behaviour as detailed within the main body of this outcome.

Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

The two residents identified as posing a potential risk to those with whom they shared a room have both been moved within the nursing home to single room accommodation on 17/10/2014.

Proposed Timescale: 17/10/2014

Theme:

Safe care and support

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

The use of chemical restraint is not being administered in line with best practice, as clarity was not provided on when this intervention could or should be used.

Action Required:

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

website of the Department of Health from time to time.

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

The resident identified by the inspector has been reviewed by the GP and has had his medication reviewed. A change has been made to the times of prescription of his regular medication. This appears to have had a positive therapeutic effect in this instance.

Nursing staff have been reminded to follow Mowlam Healthcare company policy and best practice guidelines in accordance with national policy in regard to the administration of chemical restraint as part of the management plan for residents who display responsive behaviours.

Proposed Timescale: Immediate and ongoing

Proposed Timescale:

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

While appropriate assessment and referral to allied health care professional had taken place for all residents with identified weight loss, the related follow up recommended by associated health care professionals had not been followed up in some cases.

Action Required:

Under Regulation 06(2)(b) you are required to: Make available to a resident medical treatment recommended by a medical practitioner, where the resident agrees to the recommended treatment.

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

The residents identified by the inspector have had follow up reviews by the relevant healthcare professional on 22/10/2014.

Proposed Timescale: 22/10/2014

