

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Harvey Nursing Home
Centre ID:	ORG-0000048
Centre address:	25 Upper Glenageary Road, Glenageary, Co. Dublin.
Telephone number:	01 280 0508
Email address:	rosemary@harveyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Ardeeshal Lodge Limited
Provider Nominee:	Denis Shaw
Person in charge:	Rosemary McCann
Lead inspector:	Noelene Dowling
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	5

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.

Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 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 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:
25 June 2014 10:00	25 June 2014 19:30
26 June 2014 08:00	26 June 2014 16:30

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 announced monitoring inspection was the eighth inspection of this centre and took place over two days. The purpose of the inspection was to inform a registration renewal decision. The provider was originally granted registration in October 2011 and has applied for registration to accommodate 32 residents. All eighteen outcomes were inspected against.

In addition to this the inspectors reviewed the actions taken by the provider following the inspection of 28 January 2014. Of the 13 actions identified on that inspection 11 were satisfactorily completed. Actions not fully resolved included recruitment processes, and specialist assessment for residents, storage for equipment and

definitive plans in relation to the use and suitability of the three bedded rooms.

Inspectors found that overall resident health care needs were well supported with good access to medical services. Medication management practices were found to be compliant and mandatory training for staff was current. Policy on the prevention and detection and reporting of abuse was in place and complaints were managed appropriately.

Some improvements were required in the following areas:

- Communication with and support for residents with cognitive impairment
- Procedures for supporting residents to required assistance with meals
- Regular risk monitoring of the premises and the use of bed rails
- Verification of references provided by staff.

A number of matters were identified in the premises considering the number and needs of residents who are accommodated there. These included:

- The unsuitability of one three bedded rooms for the number of residents
- Privacy in the lay-out of some of the two bedded rooms
- Lack of adequate dining space.

The provider is required to submit a plan to the Authority in relation to complying with the Standards requirements for 2015 and the numbers for residents accommodated in bedrooms. This has been agreed since the commencement of the Authority.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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), Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The statement of purpose was found to require some clarification in detailing the procedures for emergency admissions. Some minor improvements were also required in the outline of the bedroom accommodation provided and the specific number of toilets and shower facilities available to residents. The provider agreed to remedy this promptly. Overall practices were found to be congruent with the statement of purpose.

Judgement:

Non Compliant - Minor

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Examination by the inspector of the contract for the residents indicated that the contract was detailed and specified the services to be provided including any services over and above those governed by the fees for the care and welfare of residents.

Judgement:

Compliant

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There had been no change to the person in charge since the previous registration inspection. She remains suitably qualified and experienced. She is engaged fulltime in the management of the centre. The person in charge has engaged in continuous professional development with a number of modular courses including nutrition, risk management, end of life care, wound management and dementia care. She was found to be very knowledgeable on the residents care needs and individual preferences. The person in charge is supported by two senior nurses as persons participating in management. The governance structure also consists of the director of operations, who has responsibility for operations and policy and practice development over the organisation as a whole. The providers are present in the centre regularly each week. Monthly meetings take place at which care practices and policy developments are monitored.

Judgement:

Compliant

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that the records required by regulation in relation to residents, were up to date, easily retrieved and maintained in a manner so as to ensure completeness. All of the required policies were in place. The residents guide was available. Evidence of

up-to-date and adequate insurance was available as required and the reports of other statutory agencies were maintained. Documentation required for registration including evidence of compliance with the planning authority and the statutory fire authority was also available.

Judgement:
Compliant

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspectors were informed that there had been no periods when the person in charge was absent which would have necessitated the notification of this nature to the Authority other than normal periods of annual leave. There were two persons identified by the provider to undertake this function normal annual leave of the person in charge and documentation had been forwarded to the authority. The inspectors were informed that either person would undertake the duties and roster of the person in charge during periods of leave.

Judgement:
Compliant

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector reviewed the policy and procedures on the prevention and reporting of abuse and found that it was detailed and outlined responsibilities and reporting mechanisms both internally and to the relevant external agencies in the event of an

allegation. Records indicated that staff had undergone training in the protection of vulnerable adults and were able to inform the inspector of the indicators which may be present and the reporting structures which they were obliged to follow.

The inspector examined the invoices and other details of resident's fee payments and lodgements to the provider and found that they were correct and receipted. Residents could at any time be given a detailed statement of their finances. Monies held for safe keeping were documented appropriately.

Judgement:
Compliant

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

Outstanding requirement(s) from previous inspection:

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

Findings:

There was a centre-specific signed and current health and safety statement available which contained a detailed assessment of risk and control measures to be implemented. An emergency plan was available and included the location of emergency interim accommodation in the event of the residents having to be evacuated. The inspector found that the risk management policy contained all of the matters prescribed by the regulations including the process for learning from and review of untoward events. A centre-specific risk register was not yet available although a number of processes were used to identify risk. There was a missing person's policy available. Risk management was supported by individual risk assessments for residents pertinent to their needs. Records reviewed showed low incidents of accident or incidents. However, the individual incidents reports did not demonstrate the actions which had been taken following an accident. For example, falls risk assessments were not consistently reviewed as required following an incident. In other cases interviews and records demonstrated that appropriate remedial actions were taken following any incidents. The documentation did not support clear evidence of immediate review.

Fire safety procedures were satisfactory with the fire alarm and emergency lighting serviced quarterly and other equipment serviced annually as required. Daily checks on the exit doors and fire panel were recorded. The fire procedure was displayed and staff was able to articulate a good knowledge of the procedure to be used in such an event. Fire safety training had taken place annually for all staff and this training included the use of the fire compartments and ski sheets. However, the ski sheets were found not to be present on some of the residents beds identified for their use. Fire drills were held circa twice yearly. A fire evacuation chair was available on the first floor. A document detailing residents rooms numbers and mobility profiles was available should this be

required by the emergency services. Staff including night staff were familiar with this document. A smoking shelter had been erected in the rear of the premise which provided shelter to residents and a risk assessment was also undertaken on residents who smoked.

Good infection control systems were evident and observed and staff were very knowledgeable and articulated good practice to the inspectors. Core safety features including non-slip flooring, hand-rails and call-bells were installed. Training records demonstrated that staff had undergone specific training in moving and transporting residents and in the safe use of the hoist. However, a number of poor practices in manual handling were observed and staff were not sufficiently knowledgeable on the use of hoist slings for individual residents. In addition, inspectors observed some risks including the use of numerous extension cables with trailing wires in resident's bedrooms one of which was not surge protected, and the laundry room was not connected to the fire alarm system.

Judgement:

Non Compliant - Moderate

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

The policy on the management of medication had been reviewed as required and was centre-specific and practice including the management of pro-re-nata medication (PRN) was in line with legislation and guidelines. Procedures were found to correlate to the policy and medication was prescribed administered and stored in accordance with safe practice. There was evidence of regular review of medication by the general practitioner (GP) and pharmacist. Processes for the safe return of medication were adequate. Although no controlled medication was being administered at the time of this inspection appropriate procedures were in place in this event. A number of audits of medication practices had been undertaken including one by the dispensing pharmacist and an internal audit on the use of psychotropic medication which had indicated a decrease in the use of such medication in the previous months.

There was a policy on self administration of medication but no resident was assessed as suitable at the time of this inspection.

Judgement:

Compliant

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Having reviewed the notifications sent to the Authority and the incident records maintained in the centre the inspectors was satisfied that the person in charge was in substantial compliance with this regulation with the exception of one notification regarding a grade two pressure wound.

Judgement:

Non Compliant - Moderate

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A number of processes had been introduced to monitor and review the quality and safety of care. A resident's forum meeting has been established and an advocate had been appointed to meet with the residents group. One such meeting had taken place in March 2014. The record indicated that the residents and relatives who attended and could communicate had made some suggestions in relation to for example, some residents sitting in chairs too long, needing to get out of the centre more, and also suggested that a local school might provide transition year students to for instance read to residents who cannot mobilise. However, the inspectors were unable to ascertain whether any of the suggestions had been implemented. The advocacy process was in its infancy and required some amendments to establish the terms of reference such as confidentiality, feedback, follow up on issues and primarily to ensure that the residents who most need such support receive it.

There were systems developed for collating data in relation to a number of significant areas including incidents of wounds, medication, psychotropic medications weight loss and complaints. The data available was discussed at the organisations group managers

meetings with the director of operations. Audits were also undertaken on documentation such as resident's records, privacy, dignity and consultation with residents. These were comprehensive reviews with detailed information. The system for quality of life review did not clearly involve residents or their representatives in reviewing the actual quality of care. It did not take account of the factors identified by the inspection in these areas such as privacy and dignity and support for residents with dementia.

Judgement:
Non Compliant - Minor

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

Outstanding requirement(s) from previous inspection:

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

Findings:

There were 27 residents living in the centre on the days of the inspection with 13 assessed as maximum dependency, four as high dependency, three as medium dependency and the remainder as low dependency. From a review of 8 care plans and medical records the inspector was satisfied overall that the healthcare requirements of residents were identified and supported. Up to seven GPs provided medical care for the residents who could choose to remain with their own GP if this was geographically feasible. Out-of-hours cover was available. There was evidence that residents had regular access to their GPs, both three monthly and as required and that staff responded promptly to any changes in the health care status. The inspector saw evidence of adequate pre-admission assessment by the person in charge and adequate information on transfer was also available from other services.

Records showed evidence of referral to acute care services and allied health services including physiotherapy, occupational therapy, dietician and mental health services, optician and dental services when required. Physiotherapy is available fortnightly provided by the organisation, and records showed that reviews of individual residents was undertaken and therapeutics plans implemented. Where residents were deemed to be at risk of developing wounds preventative measures were identified including skin care regimes. Supportive equipment such as specialist cushions, mattresses and dietary supplements were evident. There was a very low incidence of pressure wounds and a

review of the records indicated that appropriate assessments, treatment plans referral to and review by appropriate tissue viability specialists were sourced.

Care plans and evidenced-based assessment tools were seen to be reviewed three monthly as required and changes were documented and acted upon. Due to the healthcare status of a number of residents it was not always possible to evidence consultation processes but there was evidence that where this was possible it was carried out and relatives were also consulted.

The actions required from the previous inspection were in relation to risk management with specific reference to the adequate assessment for the use of bed-rails and the use of health care monitoring tools for residents in terms of weight loss. The issues in relation to weight loss and assessment of residents on altered diets had been resolved. Some improvements were still required in the use of assessment tools for bed-rails and the assessment of the safety of bed rail usage. There was inconsistent implementation of the assessment tool and decision making following this. A proforma document was used which relatives were asked to sign to give consent to the use of bed rails which is not in line with practice guidelines. However, where the use of bed-rails was contra-indicated inspectors found that they were not utilised and censor mats were used as alerting mechanisms for staff to prevent injury to residents.

A revised policy on the use of methods of restraint had been developed although not yet implemented. The policy was found to be in line with national guidelines and promoted a restraint free environment.

A significant number of residents had cognitive impairment, communication difficulties and some elements of challenging behaviours. Some residents had very good plans in place to support their communication needs or episodes of challenging behaviours and inspectors observed these being implemented. This was not a consistent finding however. Staff spoken were aware of tools such as communication cards but stated that they did not use them. The inspectors observed interaction with residents and lack of intervention when residents became agitated which was not guided by any care plan. The director of operations stated that the further training planned for the autumn in dementia would better support this care.

Residents social care needs were supported by the availability of an activities co-ordinator five days per week. A range of activities was undertaken including board games, bingo, quizzes and group exercise programmes, art was also available and Sonas takes place weekly. The inspector observed that the residents who could participate enjoyed these activities immensely. A resident was responsible for the flowers in the garden and said he enjoyed doing this. A significant number of residents however, could not participate in such activities. A small group of residents spent considerable time sitting in the small sitting room without mobilising. These residents could not mobilise independently and also had dementia. The activities coordinator did undertake massage and music with them, and hand massage was also undertaken. However, the inspectors observed considerable periods where there was very little interaction or stimulation pertinent to their needs available to them. From interviews the inspectors formed the view that this could be partly explained by an expectation that the activities co-ordinator was responsible for all interaction of this nature which was not

feasible.

Judgement:

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

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

Overall the accommodation was suitable for purpose with some improvements required. There is adequate communal space and residents have easy access to a safe suitable garden space. The kitchen is well quipped and suitable equipped sluice facilities are available. Maintenance personal are available and records demonstrated that all equipment used for resident safety and comfort including hoists, chairs, specialist beds and call-bells were serviced and maintained regularly. Some ongoing decorative work is required in terms of painting and decoration. The dining room however can only accommodate circa 18 residents and a significant number of residents have their meals on bed tables in the day rooms.

While the provider has the required number of toilets and showers the location and the design infringes on ease of access. There are two bedrooms on the first floor return. As the toilet and shower adjacent to them is restricted for use by kitchen staff these residents have to negotiate five steps either physically or via a stair-lift and then walk a considerable distance down two corridors to access the toilets.

A number of toilets and en suites are in fact dual access interconnecting facilities serving a number of rooms. In one instance the en suite is accessed by a double room and by three residents sharing a triple bedroom across the corridor. The provider was requested to clarify this arrangement in his statement of purpose.

There are two three bedded rooms, one on the first floor and one on the ground floor. The measurements given for the ground floor bedroom are less than the size required for shared bedrooms in order to be in compliance with the standards. In addition, the layout of this room is unsuitable and does not allow for residents to have a bedside locker or any furnishing beside the bed. Wardrobe space is only available in the middle of the room. Two of the beds are placed at either end of the room with the third bed directly in the middle. The layout is not suitable. This was a finding in the original

registration report. The provider stated that has plans to reconfigure the room but the size and lay out does not provide suitable accommodation for three residents.

Storage remains a problem with equipment including hoists walking aids and wheelchairs on the corridors and a considerable number of commodes in bedrooms. The laundry is a wooden structure at the rear of the building. There is no space for separation of clothing or adequate shelving. The provider stated that he has plans to extend this.

Judgement:

Non Compliant - Moderate

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:

No actions were required from the previous inspection.

Findings:

Inspectors found that policy was in place which contained the information required by the regulation including the role of the person nominated under regulation 30 (10) to oversee the management of complaints. Only a small number of complaints were recorded and there were deemed to be managed effectively by the person in charge and the complainant responded to. A synopsis of the procedure is available to residents. Those residents who could communicate with the inspectors stated that they could raise issues and were confident that staff or the person in charge or provider would deal with them. A relative also expressed confidence in the person in charge to act appropriately.

Judgement:

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:

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

Findings:

There was a revised and detailed policy on end of life care. Records reviewed indicated that there was advanced planning in some instances in regard to resuscitation and admission to acute services in the event of an acute episode. The documentation however did not indicate the consultation which had taken place in relation to this. Care plans or assessment documentation currently did not reflect decisions or preferences apart from stating the religious affiliation of the resident which is supported. However, the person in charge acknowledged that revised systems were being put in place as part of a process and that consultation with residents would form a significant aspect of this. The person in charge had undertaken training in end of life care.

There were options available such as the visitor's room/office for families to remain in close proximity should they wish to do so and access to refreshments and food. Given the number of shared rooms a single room may not be available in the event of a resident passing away.

Examination of two records for residents who had passed away indicated that staff were attentive to the resident needs and symptoms were managed well by resident GPs. Families were kept informed and enabled to be present. The residents religions needs were attended to and legal requirements in relation to verification of death and reporting to the coroners office were adhered to.

Judgement:

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:

No actions were required from the previous inspection.

Findings:

There was a detailed policy on the management of nutrition and documentation regarding this. Inspectors found that the food was varied, freshly prepared and in plentiful supply. All food observed including pureed foods was found to be presented and served in an appetising manner and staff informed the resident what the meal consisted of if this was required. Residents were very complimentary of the food and stated that they always had choice and could make any request regarding their preferences that they wished.

Inspectors observed regular drinks and nutritional snacks being served throughout the day and residents were encouraged by staff to take drinks regularly. The person in charge was very knowledgeable in regard to the resident's preference and their weight status and this was found to be carefully monitored with either monthly or weekly review. As required following the previous inspection three of the residents had been reviewed by the speech and language therapists. Review by dietician services was evident and evidenced based tools were used to monitor changes. The menu had been reviewed by the dietician and the changes recommended had been acted upon. The recommendations were communicated to the catering staff and these were seen to be implemented. Where nutritional supplements were recommended these were prescribed by the GP and administered by staff and duly recorded. However, inspectors found that charts fluid charts maintained were not collated however, and in some instances food was included in the fluid charts thus negating their value. In some instances these charts were compiled routinely and this creates a risk for those residents' who do actually require monitoring to such a degree. These would be best utilised in a focused and accurate manner for residents identified as at risk.

The dining room was used for some residents while others had their meal in the day rooms if they required assistance. Overall staff were observed supporting residents in a sensitive and unhurried manner and there was a sufficient number of staff available to assist. However, as some residents required considerable time to take their meal the inspectors observed that the meal went cold during the process. The person in charge stated that it was policy to reheat the meal for these residents in this event and she would again remind staff to do so.

Judgement:
Non Compliant - Minor

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

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

Findings:
A review of the residents meetings which had taken place in March 2014 found that residents who could participate in this type of forum could express their wishes and preferences regarding routines or activities available to them. Where possible changes were made to the routines to facilitate this.

There was an open visiting policy and evidence of regular contact with relatives. However, the inspectors noted that the allocated visitor's room has a dual purpose as it is also an office which contained the medical records and office computer. Relatives also mentioned this fact to the inspector's. Where possible the dining room is used for visitors who wish to avail of more privacy but it was agreed that the arrangements were not ideal.

It was apparent that residents had choice in their basic routines such as getting up and going to bed. Residents confirmed that they had choice in routines and could exercise this. Resident's preferences, for example, remaining in their room were respected and staff were found to be knowledgeable on individual resident's routines and preferences.

Access to local and national media was available on a daily basis. Religious affiliations were well supported. Staff were observed being respectful of resident's privacy when providing care, entering their rooms. or discussing their care needs. Residents informed the inspector that they could on an individual basis make suggestions to the the person in charge and he would respond appropriately.

However, some observations made during the inspection impacted on the findings of the outcome. This was in relation to commentary and communication with residents who had dementia which was not appropriate. The observations made by the inspectors did not demonstrate knowledge of supportive or respectful communication systems with these residents which validated their dignity and life experiences. These were reported to the provider and person in charge who agreed they were not in accordance with their ethos. In addition resident's shower lists were unnecessarily displayed in public locations in the centre, residents elimination charts were left on a table in the day room to be completed by staff. Due to the layout of a number of the double rooms the curtain screening and rails were not designed to allow adequate privacy for residents. For example , if one resident was receiving care or undertaking personal care the second resident accommodated in the alcove section of the room had no option but to enter that area to access their own bed space or to leave the room.

Judgement:

Non Compliant - Moderate

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:

No actions were required from the previous inspection.

Findings:

There is a policy on the management and safeguarding of residents personal possessions and revised documents for the recording of same had been introduced but not as yet implemented. Currently the person in charge is recording valuable items such as jewellery but not clothing. Residents laundry is undertaken on the premises and there was no evidence of significant issues with clothing going missing or not been returned.

The resident's bedrooms in the main had sufficient storage space for possessions and a lockable locker for personal possessions. However, one resident in a double room did not have access to a wardrobe.

Judgement:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector reviewed the actual and planned staff roster and the staff numbers on the day correlated with the roster as detailed. However, examination of the roster indicated that on occasions there was one nurse was on duty from 16:30hrs each evening and at weekends. The number of care assistant staff varied between six and four depending on the time of day. There is a qualified nurse and two care assistants on duty over night. Inspectors observed that the handover given by night staff in the morning demonstrated that residents were closely monitored at night and any issues recorded and responded to. Those residents who could use the call-bell system stated that staff responded quickly to their call-bells at night. There was sufficient catering and household staff available at all times.

Examination of the recruitment procedures and a sample of personnel files that some improvements were required in the process for safe recruitment of staff. There was Garda Síochána vetting evident or evidence that this had been applied for. Curriculum vitas, evidence of physical and mental fitness was available and copies of relevant qualifications were also evident. Evidence of registration with the relevant professional body was also evident. While references were available for the sample of files choices the majority were "to whom it concerns" references and there was no evidence that the

information given had been verified. Two references seen were not sufficient to make any informed decision as to the position of the person supplying the reference. The director of operations stated that they had devised a detailed reference form and would as a matter of course seek verification of any information given. However as no new staff had been recruited in the centre this had not yet been implemented. An appraisal system had been implemented and staff described an induction programme which included supernumery time.

Documentary evidence of completed Further Education and Training Awards Council (FETAC) level 5 training for the care assistant staff was available and an additional staff is being supported by the provider to commence training in September 2014. Review of the training matrix indicated that mandatory training in manual handling had been undertaken for all staff and fire safety training had been undertaken in February and March 2014 and records indicated that all staff had undertaken this.

Additional training in challenging behaviour had taken place and also training in communication and conflict. The provider stated that training in dementia was further planned for August 2014. Six staff had undertaken training in nutrition and dementia and nine staff in malnutrition. Hand hygiene and infection control training had also taken place and the maintenance staff had undertaken training in the prevention of legionnaire's disease.

It is apparent that the provider has made a commitment to training staff to enable them to deliver care effectively in order to meet the changing needs of the residents. However, the findings in relation to Outcome 11 and Outcome 16 indicated that despite this training some aspects of the delivery of care, communication with residents, and support of residents with dementia require improvements. Rosters available demonstrated that there is only one nurse on duty providing direct care regularly. Comments from residents were very positive as to staff kindness and response to them.

Judgement:
Non Compliant - Moderate

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 all the people who participated in the inspection.

Report Compiled by:

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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:	Harvey Nursing Home
Centre ID:	ORG-0000048
Date of inspection:	25/06/2014
Date of response:	24/07/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

Theme:

Leadership, Governance and Management

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

The statement of purpose did not detail the procedures for emergency admissions and the precise facilities available to residents.

Action Required:

Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

Please state the actions you have taken or are planning to take:
The Statement of Purpose was updated and a new copy submitted to the Authority.

Proposed Timescale: 30/07/2014

Outcome 07: Health and Safety and Risk Management

Theme:
Safe Care and Support

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

Failing to ensure that staff adhered to safe practices in moving and transporting of residents, safe use of hoists and risk assessment of the premises including identification of objects such as extension cables and leads which place residents at risk of injury.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

Staff received training in manual handling and their practices are reviewed on an ongoing basis. Based on the observations of the inspector we arranged for additional manual handling training. The items identified by the inspectors have been addressed and added to the risk register accordingly

Proposed Timescale: 30/08/2014

Theme:
Safe Care and Support

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

The laundry was not protected by the presence of a fire alarm and all equipment identified for evacuation was not in place.

Action Required:

Under Regulation 32 (1) (c) (i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

The laundry is located away from the nursing home but a fire alarm point has been installed. All equipment identified for evacuation is now in place.

Proposed Timescale: 30/07/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective Care and Support

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

Some residents with cognitive impairment did not have care plans which guided staff in their care and demonstrated an understanding of their psychosocial and communication needs.

Action Required:

Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

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

Staff have received training in Dementia Care and our care plans are also tailored to include residents' social and communication needs as well as their likes and dislikes. We also arranged ongoing training in dementia care as part of our continuing professional development program. It was confirmed at this training, however, that it is not possible to document and provide written guidance to staff on every eventuality that may occur with an agitated resident. Our staff know our residents well and are very experienced in dealing with residents who display challenging behaviour and sometimes this may not involve any intervention until the period of frustration has passed.

Proposed Timescale: 21/11/2014

Theme:

Effective Care and Support

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

Practices in relation to the use of bed rails and relevant assessment tools was not evidenced based and did not demonstrate compliance with current guidelines.

Action Required:

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

The form that relatives were asked to sign regarding the use of constraint had the word 'consent' changed to 'informed' as highlighted by the inspector to comply with current guidelines.

Proposed Timescale: 30/07/2014

Theme:

Effective Care and Support

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

Systems to provide mobility and activities for residents with cognitive impairment and decreased mobility were not satisfactory.

Action Required:

Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

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

We have two sitting rooms in the facility which residents use. Some residents do not want to partake in group activities and prefer to be in areas where there is less activity and noise. These residents have a different program of activities, such as aromatherapy and massage, some of which are performed by care staff and others by external therapists. Their level of activities is geared to their needs and it may not always be obvious to those less familiar to the individual that this is the activity level that they wish to have. This approach was confirmed at the additional training that was conducted by a leading geriatrician who stated that over stimulation or activities relative to the residents' needs and wishes will lead to increased agitation and frustration. We will, of course, continue to review and respect our residents wishes to ensure we are meeting their needs, particularly for those residents who are unable to fully articulate their views.

Proposed Timescale: 30/07/2014

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:

The laundry facilities are not adequate for purpose in design size and layout.

Action Required:

Under Regulation 19 (3) (c) you are required to: Maintain the equipment for use by residents or people who work at the designated centre in good working order.

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

The laundry area has been increased.

Proposed Timescale: 30/07/2014

Theme:

Effective Care and Support

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

Failure to ensure that the accommodation, specifically the three bedded room on the ground floor is suitable by virtue of size and layout for use by the number of residents.

Action Required:

Under Regulation 19 (3) (f) you are required to: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

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

A plan of the new room layout in compliance with the current regulations was submitted to the Authority but subject to approval by the Fire Officer this room may be enlarged further to create additional circulation area. This should be completed by March 2015 but certainly ahead of the June 2015 deadline.

Proposed Timescale: 30/06/2015

Theme:

Effective Care and Support

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

Not ensuring that there was sufficient dining space for the number of residents accommodated.

Action Required:

Under Regulation 19 (3) (g) part 4 you are required to: Provide adequate dining space separate to the residents private accommodation.

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

The dining room is able to accommodate all residents in two sittings but many residents, who require assistance at meal times, prefer to have their meals in the living room. This is their choice but we will conduct another review of these residents to ensure this remains their preference.

Proposed Timescale: 30/07/2015

Theme:

Effective Care and Support

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

The location of toilets on the first floor does not support ease of access for some residents.

Action Required:

Under Regulation 19 (3) (j) part 1 you are required to: Provide sufficient numbers of toilets, and wash-basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

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

Our statement of purpose clearly outlines our facilities and prior to admission residents and families are invited to view the accommodation to ensure that it is suitable for their needs. In addition a comprehensive pre-admission assessment is conducted by our staff to ensure that it is suitable for their needs.

Proposed Timescale: 30/07/2015

Theme:

Effective Care and Support

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

There was insufficient space for storage of equipment used for residents.

Action Required:

Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

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

The storage in the centre has been increased and we will conduct a further review to accommodate any additional equipment required in the centre.

Proposed Timescale: 30/07/2014

Theme:

Effective Care and Support

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

Storage for residents personnel clothing was not adequate in one bedroom.

Action Required:

Under Regulation 19 (3) (m) you are required to: Provide suitable storage facilities for the use of each resident.

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

This has been corrected.

Proposed Timescale: 30/07/2014

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

Residents who required assistance did not consistently receive this in a manner which ensured their food was served to them hot.

Action Required:

Under Regulation 20 (4) you are required to: Provide appropriate assistance to residents who, due to infirmity or other causes, require assistance with eating and drinking.

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

Staff have received training in dementia care and there are ongoing reviews but we have arranged for additional training to take place, particularly with respect to assisted dining, to ensure that the care practices reflect this training. Additionally a senior care is also supervising the assisted dining to ensure consistency of service to all our residents.

Proposed Timescale: 30/08/2015

Outcome 16: Residents Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

All communication with residents did not demonstrated respect for the resident's age, life experience and disability.

Residents privacy was not respected in the management of records and personal information.

Action Required:

Under Regulation 10 (e) you are required to: Put in place adequate arrangements to ensure the operations of the designated centre are conducted with due regard to the sex, religious persuasion, racial origin, cultural and linguistic background, and any disability of residents.

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

As above we have arranged for additional training in the area of dementia care. Staff have been reminded to replace files when the care plans have been updated

Proposed Timescale: 30/08/2014

Theme:

Person-centred care and support

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

Screening and layout of some two bedded rooms did not allow residents sufficient privacy.

Action Required:

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

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

The screening in the sharing rooms has been reviewed and changed to ensure privacy.

Proposed Timescale: 30/07/2014

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:

Up to date and complete records of residents personal possessions were not maintained.

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:

As acknowledged in the report an accurate inventory of residents' valuables is recorded in the home but it does not include an inventory of residents clothing. Nursing Homes Ireland have already brought to the Authority's attention the practical difficulties in maintaining a register of clothing that may in certain instances maintained by residents family and this has been incorporated into the new regulations. However a list of the residents clothing will be added to their list of possessions.

Proposed Timescale: 30/07/2014

Theme:

Person-centred care and support

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

Failing to supply adequate space for the storage of personal clothing.

Action Required:

Under Regulation 13 (c) you are required to: Provide adequate facilities for each resident to appropriately store, maintain and use his/her own clothes.

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

This matter has been addressed.

Proposed Timescale: 30/07/2014

Outcome 18: Suitable Staffing**Theme:**

Workforce

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

Procedures for the safe recruitment of staff including sourcing of appropriate references and verification of the information supplied were not robust.

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:

We are required to have the documents included in the previous Health Act, which were in place on the day of inspection. The inspector stated that our verification was not sufficient on the basis that we did not have a written record that we had spoken to the referees of a care staff member who has been employed in the centre for the past 13 years. While this reference had been verified, unfortunately in this case it hadn't been documented. Under the new regulations this requirement has been removed.

Proposed Timescale: 30/07/2014