

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Heatherfield Nursing Home
Centre ID:	OSV-0000140
Centre address:	Bush Lane, Raynestown, Dunshaughlin, Meath.
Telephone number:	01 825 9354
Email address:	heatherfieldnursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	J & N SHERIDAN LIMITED
Provider Nominee:	Noreen Sheridan
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	Day 1: Philip Daughen Day 2: Liam Strahan
Type of inspection	Announced
Number of residents on the date of inspection:	29
Number of vacancies on the date of inspection:	1

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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 1 day(s).

The inspection took place over the following dates and times

From:	To:
03 March 2015 10:30	03 March 2015 19:30
05 March 2015 09:00	05 March 2015 14:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Non Compliant - Moderate
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Major
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Substantially Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This was the sixth inspection of the centre.

There were 29 residents in the centre with one vacant bed available.

This inspection was carried out in response to an application from the provider for

renewal of the centre's registration. A part of this inspection, follow up on actions from the previous inspection and monitoring events including correspondence received prior to the inspection regarding proposed plans of the provider to improve the physical design and layout of the centre was completed. These actions were in relation to fire safety and the layout and design of the premises.

Inspectors met with residents, relatives/visitors, and staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, clinical and operational audits, policies and procedures, contracts of care and staff files. The care provided to residents was generally personalised and interventions prescribed reflected residents' personal choice and routine. All staff including housekeeping and activity personnel were knowledgeable regarding residents and all residents were complimentary of staff.

Infection prevention and control procedures and medication management required review to ensure the needs of residents were met in line with the legislation and professional standards.

An immediate action plan was issued to the provider on the 03 March 2015 requiring urgent action to put arrangements in place to ensure residents safety needs were met in the event of a fire occurring in the centre. The Authority received a response on behalf of the provider on 05 March 2015. The response to the immediate action plans forwarded to the Authority was not detailed and did not indicate specific, time bound actions. Additional information in relation to immediate actions taken was requested by the Authority on 09 March 2015. The provider has subsequently provided assurances and plans to the Authority to ensure full compliance with the appropriate regulations and standards.

Actions from the last inspection of the centre in March 2014 were not all satisfactorily completed. These actions are restated in the action plan at the end of this report in addition to new actions required to address further areas of non compliance with the Legislation.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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:

There was a written statement of purpose that described the service and facilities that are provided in the centre dated 31 December 2013 which required annual review. The statement of purpose consists of a statement of the aims, objectives and ethos of the designated centre.

The statement of purpose did not contain all the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Missing information included;

- the information as set out in the certificate of registration
- details of the arrangements made for respecting the privacy and dignity of residents in twin rooms, a three bedded room and a four bedded room
- review was required of a list of activities presented to clarify those that were therapeutic techniques.

Judgment:

Non Compliant - Moderate

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors found that governance and management systems required significant improvement.

Inspectors found evidence that all reasonable steps were not taken to prevent accidents to residents or others. While a safety check-list was completed on a daily basis, the analysis of this information required improvement to ensure identification of all areas of risk.

In addition to completion of a safety check-list, inspectors observed documentation referencing monitoring of some other aspects of the service including infection control and prevention procedures and medication management. However these monitoring activities specifically the quality of audits required improvement.

There was some evidence that consideration was been given to matters highlighted in previous inspection reports. However, proposals and plans submitted to the Authority to meet the requirements of the Regulations and recommendations of the Standards had not been satisfactorily progressed.

The process for an annual review of the quality and safety of care delivered to residents in the designated centre required significant improvement.

A number of non-compliances found on this inspection are the statutory responsibility of the Person in Charge. In addition, the duty rota recorded that the person in charge did not attend the centre on a full-time basis. These findings provided supporting evidence that the person in charge was not sufficiently involved in the governance, administration and operational management of the centre as required by the Legislation.

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:

There was a residents' guide available which was reviewed by inspectors. The information in this document functioned to assist prospective residents to make a decision regarding choosing a placement and also informed current residents of the services available to them.

Each resident had a written contract for provision of services. A sample of active contracts was reviewed by inspectors. The inspectors observed that all contracts were signed as confirmation of agreement by residents or their significant other and contained details of the services to be provided. It was noted that the centre did not charge residents for in-house social activities. However, the fees were not clearly stated on each contract regarding the personal contribution to be paid by each resident as part of overall fee for residents availing of the Nursing Homes Support Scheme.

Judgment:

Substantially 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 of the is a registered general nurse with Bord Altranais agus Cnáimhseachais na hÉireann. She has completed a postgraduate gerontology course and has many years experience caring for older persons and has been involved in the management of the centre since it was established in 1987.

The person in charge confirmed that she worked in the centre on a full-time basis each week. However, the duty roster given to inspectors referenced that the person in charge was scheduled to work 24hrs over two days. The person in charge and provider advised the inspectors that this was omitted in error and that the time the person in charge spend on the premises was over and above that referenced in the duty roster.

The person in charge demonstrated sufficient clinical knowledge of the legislation and her statutory responsibilities.

The person in charge is supported in her role by a team of staff nurses including the provider, care assistants, catering and ancillary staff.

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:

A copy of the staffing roster was provided to inspectors and reflected that there is a registered nurse on duty in the centre at all times.

Not all policies adequately informed practice as required by Regulation 4 (1) Schedule 5

An adequate record was not available of all fire evacuation drills carried out in the centre as required by Schedule 4, Paragraph 10 of the Regulations

An adequate record was not maintained of any occasion when bedrail restraint was used, it's duration, the resident for whom it was used with and the interventions tried prior to implementing use of bedrails as required by Schedule 3, Paragraph 4(g)

Judgment:

Non Compliant - Moderate

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:

There were suitable arrangements in place for the management of the centre in the absence of the person in charge. The person in charge has not been absent for more than 28 days to date. The provider also deputises for the person in charge when she is on leave.

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:

Measures to protect and safeguard residents were in place. There were no recorded incidents of abuse or misconduct. All staff had completed training on protection of vulnerable adults and those spoken with by the inspectors with the exception of one staff member, were familiar with the adult protection measures in place to ensure the safety of residents. Staff were aware of their duty to report any suspected or alleged instances of abuse. They identified the persons to whom they would report a suspicion or allegation of abuse appropriately. A policy informing procedures for the prevention, detection and response to abuse was in place. This document required review to inform all aspects of practice to inform protection of vulnerable residents. These findings are discussed in outcome 5.

Residents told the inspector that they felt safe in the centre and that staff responded to meeting their needs for assistance promptly and appropriately. Staff-resident interactions were observed by inspectors on the days of inspection and were found to be satisfactory.

The provider advised inspectors that the centre did not engage in safeguarding residents' money or acting as an agent for collection of pensions. Each resident was provided with a lockable space in their bedrooms for safekeeping of their personal possessions.

Access to the centre was secure. There was a visitors' book inside the main entrance to

record all persons accessing the centre. An arrangement to ensure the visitor's book was completed by all persons accessing the centre was found to be adequate on this inspection.

There was a policy available to inform management of challenging behaviour exhibited by residents. The inspectors were informed that some residents exhibited occasional mild challenging behaviour. The inspectors found that these residents each had a care plan in place to inform their care in relation to de-escalation of same. As required (PRN) chemical restraint procedures were not in place for any residents on the days of inspection. Inspectors observed that challenging behaviour was well managed on the days of inspection with care that resulted in positive outcomes for residents in terms of their socialisation and participation in life in the centre.

There was a restraint policy in place to inform restraint use in the centre. However, the documentation in relation to the use of bedrails required improvement. Inspectors were told a number of residents used full-length bedrails at night. One resident who remained in bed had full length bedrails in place throughout both days of the inspection as observed by inspectors. While inspectors confirmed that some bedrails were used on the request of some residents, others were in use as a safety measure. There was inadequate documentation to confirm adequate bedrail risk assessment had been completed. The documentation did not acknowledge or assess limitations on residents' freedom of access to get out of bed. Records of restraint use did not reference alternative interventions evaluated. In addition assurances were not provided to confirm where restraint was used; it was in terms of the least restrictive measures for the minimum time possible.

Judgment:

Non Compliant - Moderate

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

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

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

Findings:

The Health and Safety of residents and others was not satisfactorily promoted and protected in line with legislation requirements as evidenced by findings on this inspection.

The centre was found to be equipped with a fire alarm system and emergency lighting throughout. There were maintenance records indicating that both systems had been

recently serviced. The fire alarm system divided the centre in to three zones and had the capability of informing the user of which one of three zones the fire was located.

Inspectors found a number of lit candles distributed through the circulation spaces in the ground floor of the centre. In one case, a candle was observed on a window cill in the visitor room. The curtains at said window were labelled 'keep away from fire' and were located adjacent to the lit candle. Inspectors also observed bedding provided to beds in multiple rooms labelled 'keep away from fire'.

There was a small smoking room provided for occasions that a resident wished to smoke. The room was provided as a sterile area and there were no combustibles there. Fire fighting equipment had been provided to the room and the procedure to follow in the event of the clothes of a resident catching fire was displayed on a notice board outside of the room.

Inspectors observed that many of the fire resisting doors provided in the centre were not equipped with a cold smoke seal to prevent the passage of smoke through the fire door. There were also instances of a cold smoke seal being present but having being varnished or painted therefore compromising their effectiveness. Some of the doors had not been fitted with an intumescent seal of any kind. The self closers to a number of the fire resisting doors were found to be incapable of closing the door fully. Inspectors also identified fire resisting doors where excessive gaps between the door and the frame were present and doors that would not close due to interference with the frame. All of the above instances would prevent the fire resisting door from fulfilling its function of containing fire and preventing the movement of fire and smoke through the building. Inspectors also identified a number of doors not provided as fire resisting doors where the provision of a fire resisting door was considered necessary by inspectors.

Inspectors observed areas along escape routes such as the foot of the external escape stair and a section of the first floor corridor where the narrow nature of the route would pose difficulties in the event of an evacuation, particularly where evacuation aids such as 'ski sheets' were provided. Inspectors also noted the provision of push bars to the two first floor exits on to an external fire escape. The provision of push bars in these instances is unnecessary given the provision of electromagnetic locks, which inspectors were informed are disengaged upon activation of the fire alarm, to the same doors. The arrangement observed could potentially lead to confusion and was observed as being contrary to the principle that push-bars, where provided, are to be capable of disengaging all locks provided to a door.

Inspectors found that the centre was not subdivided appropriately with construction resistant to the passage of fire in order to contain a fire and provide adequate means of escape to areas of relative safety in the event of a fire for visitors, staff and particularly residents. The first floor was not subdivided appropriately and that in turn was not subdivided from the ground floor as the internal stairway was an open stair. This had also been identified on previous inspections.

The primary means of escape from the first floor was by means of an external fire escape. It was noted that this external fire escape was not adequately protected from the effects of a fire within the building. Inspectors also found that the roof void was not

subdivided appropriately with construction resistant to the passage of fire although fire detection had been provided to the void.

From speaking to staff and consulting the staff roster, it was noted by inspectors that the typical night time staffing level was two staff. Due to the lack of appropriate subdivision of the centre with construction resistant to the passage of fire, it was noted that in the event of a fire at night in the centre, the two staff would be expected to potentially evacuate up to twenty three residents and possibly twenty nine residents from their bedrooms to a place of relative safety in the immediate stages of a fire in addition to locating the fire and summoning the emergency services. From speaking with staff and referring to the dependency levels recorded for each resident, inspectors found that the majority of residents would require the assistance of at least one staff member to evacuate and many required the assistance of two staff members and would require the use of evacuation aids such as 'ski sheets' which were provided for residents in many cases.

Inspectors found that the arrangements in place for evacuation, particularly at night time, were not adequate. The provider was not able to provide any adequate fire drill records to demonstrate the effectiveness or otherwise of the evacuation arrangements in place.

Two immediate actions were issued by hand to the provider at the close of the first day of this inspection.

The first immediate action related to Regulation 28 (1) (b) in that the centre was not subdivided appropriately with fire resistant construction in to sub compartments in order to contain fire and provide adequate means of escape to areas of relative safety in the event of fire for visitors, staff and particularly residents.

The second immediate action related to Regulation 28 (2) (iv) in that adequate arrangements were not in place for evacuating, where necessary in the event of fire, of all persons in the designated centre, particularly at night time.

Inspectors requested the provider to put additional staff in place and to cease admissions until such time as matters found were addressed satisfactorily in accordance with the aforementioned regulations 28(1)(b) and 28 (2) (iv).

Inspectors found on review of risk management documentation for the centre that there was a risk management policy available. Inspectors observed that there was a system of hazard checks in place in the centre and that this took the form of a check list. However, inspectors did not identify an adequate system in place for the identification of hazards, the assessment of risk and the implementation of measures to control risks in the centre on an ongoing basis. Inspectors also noted that there was no policy present for the control of risk related to aggression and violence or control of risk relating to self harm as required by Regulation 26 (1)(c).

Some practices observed by inspectors were not consistent with the standards for the prevention and control of healthcare associated infections. Cleaning procedures did not reflect best practice regarding;

- colour coding of cleaning equipment,
- appropriate disposal of cleaning solutions after each use or in the case of reconstituted cleaning solutions after 24hours
- cleanliness of cleaning equipment

A cleaner's room was not available. There was cleaning equipment stored in various non-designated areas throughout the centre. The inspectors observed that the cleaning trolley was stored in the laundry room. Inspectors also observed staff utilising the stair lift provided for the use of residents for the transportation of goods and equipment up the stairs including the cleaning trolley and equipment. To that end the trolley would be placed on the chair of the stair lift on which the resident would normally sit. This practice did not ensure the cleanliness of the stair lift seat.

Reconstituted cleaning solutions were not dated and were observed on top of an unsupervised cleaning trolley on the first floor which posed a risk of ingestion by vulnerable residents or others.

Procedures and practices in place regarding management of laundry in the centre were not informed by best practice procedures and standards regarding laundry management and infection control and prevention standards. This finding is discussed in outcome 17.

An appropriate non hazardous healthcare waste disposal bin was not provided in the sluice. The waste receptacle provided did not have a functioning lid fitted. Inspectors observed a rusted sink where the areas of corrosion which hindered effective cleaning procedures.

Judgment:

Non Compliant - Major

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:

The policy on medication management was made available to the inspectors. Signatory records were made available to the inspector which confirmed that staff had read and understood the policy.

Medications for residents were supplied by a local community pharmacy. There was evidence of involvement by the pharmacist in accordance with guidance issued by the Pharmaceutical Society of Ireland including review of prescribed medicine therapy in conjunction with nursing staff and the resident's GPs. The pharmacist completed some

auditing of medication management procedures.

The inspectors noted that arrangements were in place for medication storage in a locked cupboard. Residents' medicines were prepared in medication management multi-dose packs. An inspector observed practice with medication administration to residents. A medication transport trolley was not used. Medication management multi-dose packs for a number of residents were carried to the sitting room by the nurse in a box. A bed-table was used to transport medication packs and water from resident to resident. Due to the potential for the nurse to be required to respond to an urgent resident need, medications may be left unsupervised especially at times when there is only one nurse in the centre. This practice required review to ensure medications could be stored securely at all times.

Maximum as required (PRN) prescription dosage over 24hrs was not stated consistently in residents' prescriptions. Residents' allergy status was not completed on medication prescription templates. Therefore, these prescription orders were not complete authorisations to administer medications as per the Medicinal Products (Prescription and Control of Supply) Regulations (Amendment) 2007. This finding is further discussed in outcome 5

Not all residents had photographs available to fulfil professional standards for medication checking procedures to be completed.

Transcription of residents' medication prescriptions was completed by nurses in the centre. The inspectors found that this practice did not meet professional standards regarding missing signatory evidence of the transcribing nurse and the person checking that the medications were transcribed correctly. The inspectors found errors in the transcriptions however handwritten corrections were not initialled. There was inadequate evidence to support that transcription practices were audited in accordance with professional guidance. This finding is further discussed in outcome 11

Handling and storage of controlled drugs was secure with satisfactory balance checking procedures in place. In the absence of a treatment/clinical room, controlled medication was locked in a locked area of a locked filing cabinet in the staff office. The arrangement for storage of this medication in a filing cabinet did not ensure that double locking was maintained as the cabinet drawers contained other documentation relating to the centre which others may need access to from time to time.

Medications requiring refrigeration were stored appropriately in a medication refrigerator. The temperature of which was routinely monitored as required. There were hand hygiene facilities available.

Staff spoken with by the inspector outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed were stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. The person in charge told inspectors there were no incidents of medication administration error. A procedure was in place to inform management of same.

Judgment:

Non Compliant - Moderate

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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:
A record of all incidents that occurred in the centre was maintained. There were no incidents recorded in the accident and incident record that required notification by the legislation.
While quarterly notifications were forwarded, they did not include details of any occasion where restraint was used for residents. The inspectors observed that full length bedrails at night were used for residents. In addition, one resident who remained in bed during the day had full length bedrails in place throughout the days of inspection.
The person in charge told inspectors during feedback that this notification requirement was overlooked in error and she would resend the quarterly notification for Quarter 4 – 2014 as requested by inspectors.

Judgment:
Non Compliant - Moderate

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:
There were 29 residents accommodated over two floors on the days of inspection. Their assessed dependency levels were 6 residents with maximum care needs, 8 with high dependency needs, 8 with medium dependency needs and 7 with low dependency

needs. The designated centre accommodated four residents requiring respite care. There were nine residents with a diagnosis of diabetes, one of whom required insulin therapy. There were thirteen residents with documented alzheimers/dementia care needs and conditions that impacted on their cognitive function. Two residents were in receipt of end of life care.

Residents had access to psychiatry of older age services if required and together with staff in the centre were supported with positive behaviour strategies to promote their quality of life in the centre and mental well-being. The inspectors observed staff guiding, reminding and orientating residents with memory deficits to ensure they were involved in the daily life of the centre and were afforded opportunities to participate where able or desired.

The inspectors reviewed a sample of residents' care plans and associated documentation in addition to speaking with residents on the days of inspection. Each resident had a care plan informed by assessment procedures. The person in charge confirmed to the inspector that one resident admitted for respite care had a grade one (redness) pressure related skin injury which was being monitored with a care plan in place to promote healing. No resident had greater than grade one pressure related skin breakdown. All residents were assessed and those identified as being 'at risk' had a variety of pressure relieving equipment in place including mattresses and cushions incorporated into their care to mitigate deterioration.

The inspectors found from the sample of care plans reviewed that care was generally personalised and interventions prescribed reflected residents' personal choice and routine. Daily progress notes were completed as required. However, there was inadequate evidence that risk assessments had been completed by a person with professional expertise to ensure residents residing on the first floor could access the stairs safely by foot or using the chair lift as a lift was not provided between floors as required by Regulation 17, Schedule 6 (3)(d). The inspectors observed two residents descending the chairs unaccompanied.

There was a record of care plan reviews signed by a nurse. While there was evidence of changes being made to individual care plans by the new entry being written in red ink and dated, there was no documented evidence of involvement by residents or their significant other in this process as required and as stated in the statement of purpose for the centre.

The inspectors found that residents had access to allied health professionals to meet their needs in the centre with the exception of speech and language therapy services which could be accessed on referral to the acute services. The person in charge told inspectors that one resident had a documented swallowing difficulty. Catering staff provided a specialised soft consistency diet to meet this resident's needs. Residents' dietary risk of malnutrition assessment was reviewed monthly informed by an accredited tool. Dietetic services were available for residents with dietary needs. One resident in receipt of end of life care was receiving input from a dietician to meet their nutritional needs. Residents had access to GP services and there was evidence of regular review and consultation as required.

There was a social care programme in place which was displayed for information for residents. Each resident had an activity care plan in place to meet their needs. Most residents rested in the sitting room during the days of inspection. There was also evidence of some residents who spent more time in their rooms choosing to attend various communal activities of interest to them. Residents expressed their satisfaction to inspectors regarding the communal activities provided. The inspectors observed the communal activity on the first day of the inspection which was facilitated by a local musician who was well known to residents. The musician was well informed of residents' choices in terms of music/songs and was observed to encourage residents to sing along which many did.

Activities were co-ordinated and facilitated by two care staff as part of their overall carer role. Both staff referenced had attended training courses on activity therapy and were planning to attend an accredited course that focused on providing sensory based activities. This was in response to the high number of residents with dementia care needs residing in the centre. These two care staff changed their uniforms while involved in facilitating communal activities to ensure residents were aware of their role. A schedule of room visits was in place to meet the needs of residents who remained or spent a lot of time in their bedrooms. The carers responsible for coordinating activities discussed how they met the needs of residents who remained in their rooms. They explained that flexibility in the times and types of activity they facilitated was necessary so that activities could be tailored to meet the needs of this resident group which their role as carers empowered them to do. One resident who spent a lot of time in their room and enjoyed writing poetry was provided with a laptop and connection to Wi-Fi.

The activity co-ordinator staff maintained daily records of each resident's participation in recreational activities and an evaluation of whether participation met their needs. There was evidence of changes in activities being made to ensure participation in same had positive outcomes for residents. The activity co-ordinators were in the process of developing individual photographic life histories. The inspectors observed that two life history books were completed.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

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

Findings:

In general, inspectors found many of the single bedrooms were of adequate size and appeared to be fit for purpose. Toilet facilities were provided by way of communal facilities.

The layout and design of multi-occupancy rooms did not adequately meet the stated purpose of the centre. As identified on this and previous inspections, privacy and access to facilities were not adequate in a number of the multi occupancy rooms. Inspectors identified instances where curtains provided for the purpose of maintaining privacy did not extend to the storage facilities for the resident. Therefore the resident would have to move from beyond the privacy of the curtain to obtain clothes from their wardrobe. Inspectors also observed instances where the resident was not provided with adequate facilities for the display of photos or personal effects. One resident with impaired mobility was observed with her photographs behind her head where she could not see them. Another resident was observed having to display flowers high up on top of a wardrobe. Inspectors noted that the television provided in a multiple occupancy room was not viewable by all residents in the room. One bedroom was identified where the only natural light source was by skylight.

There was inadequate space for residents to move safely between beds in a four bedded room. The point of access in a 4 bedded multi-occupancy room to gain access to three residents' beds was 560mm wide. This did not enable adequate access to residents' with assistive equipment or emergency services without moving the residents' beds.

With respect to communal areas inspectors found that on the first floor, the corridor was narrow in places, approx 900mm, and would present difficulties in the movement of residents and equipment such as hoists. To that end, six of the residents on the first floor were identified as high or maximum dependency. Adequate grab rails in toilets, bath and shower areas as required by Schedule 6 Paragraph 3(b) were not provided. Inspectors observed toilets where there were some handrails provided but the handrails were the same colour as the wall they were mounted on. This may present undue difficulty in the case of residents with poor eyesight or with dementia care needs.

A lift was not provided between floors other than a stair lift which was not adequate for transportation of equipment as required by Schedule 6 Paragraph 3 (d). Communication between ground and first floor was by means of one internal stairs. There was no dedicated lift provided in the centre. The stair was observed to be narrow, approx 800mm, and was partially obstructed by the stair lift mounted on the stair. Inspectors noted that all residents and equipment must be transported up these stairs with staff on occasion using the stair lift to transport equipment up and down the stair. Inspectors also observed that due to the lack of sluice facilities, all equipment in relation to the used of commodes and the sluice and cleaning was transported to and from first floor level by way of the same stair. This issue was highlighted on previous inspections.

Due to the mealtime arrangements in place there was inadequate dining space to

accommodate all residents in the dining room as required by Schedule 6 Paragraph 3(i). Inspectors noted that the dining room didn't cater for all residents simultaneously due to its size however, additional tables and seating was provided for dining immediately adjacent to the dining room in the communal day room.

A dedicated visitors' room was provided. Residents had a gated secure courtyard provided for their use at the centre. The courtyard was accessed from the day room through a sliding door and was secured from the outside by means of a gate to the rest of the grounds of the centre. This gate was secured with a key which was accessible.

Safe floor covering was not in place throughout the centre, a joint in the floor covering on one corridor was proud of the level of the rest of the flooring, a lip in the floor of the communal toilet/shower area and uneven flooring by a resident's bed in a three bedded room was observed by inspectors. These findings are not in line with the requirements of Schedule 6 Paragraph 3(e).

There was inadequate storage available for cleaning equipment as required by Schedule 6 Paragraph 3(k).

The laundry did not have adequate work top facilities to enable segregation of clean and used linen as required by Schedule 6 Part 3(f).

Judgment:

Non Compliant - Major

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 inspectors observed that there were no complaints recorded in the complaints log reviewed since 2009. Verbal expressions of dissatisfaction were not routinely recorded. The provider and person in charge told inspectors that day to day expressions of dissatisfaction are addressed and resolved immediately. However, this absence of record keeping did not inform service review to ensure any areas of day to day dissatisfaction were not recurring. It also did not ensure that actions taken were communicated or fully addressed the issue.

Residents expressed satisfaction with the service provided and the staff caring for them.

A complaints policy was available, a summary of which was also included in the residents' guide document. The appeal procedure required review to ensure complainants were afforded an opportunity to have the outcome of their complaint reviewed if dissatisfied with investigation by the designated complaints officer in the centre.

Judgment:

Substantially 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:

There were two residents in receipt of end of life care on the days of inspection.

A policy and operational procedures for end of life were in place and available to guide staff and inform care practices. Decisions regarding care and treatment were recorded for both of the residents at the end stage of their lives. The inspectors observed that not all residents' end of life wishes were recorded. However, the person in charge advised inspectors that this information was gathered over the period of each resident's life in the centre and is reviewed on a three monthly basis. All staff had attended a three day end of life training module. Relatives of one resident spoken with by inspectors expressed their satisfaction with the end of life care their relative received.

Palliative care services were available to residents in the centre with life limiting illnesses for assessment and symptom management if required.

The provider and person in charge informed the inspectors that residents and their family were supported with overnight facilities and refreshments provided as required. Both residents in receipt of end of life care were accommodated in single bedrooms.

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:

There was a policy document available to support staff in all aspects of residents' nutritional and hydration care. Residents' weights were monitored monthly and residents identified with unintentional weight loss were appropriately referred to a dietician for review. There was one resident in receipt of end of life care with unintentional weight loss. There was evidence that this resident was being closely monitored and was stable at the time of inspection. The inspector spoke with the chef who was aware of and accommodated residents with specific nutritional support needs, support plans and preferences. The chef had a copy of the recommendations made by the dietician. Nine residents had a diagnosis of diabetes; the chef discussed how their dietary needs were met. The chef also provided a soft consistency diet for one resident who had swallowing difficulties.

Care plans were in place to inform care of residents with nutrition and hydration needs which were satisfactorily linked to monitoring and treatment plans and were evaluated in daily progress notes.

There was satisfactory evidence that residents were provided with adequate fluid and dietary intake to meet their needs on the days of inspection. Staff were observed to engage in monitoring and encouraging residents to take fluids. The inspectors observed the lunchtime meal on the second day of the inspection and found that each resident was provided with a nutritious and varied diet that provided them with choice of a hot dish. Residents expressed their satisfaction with the meals and snacks provided. The inspectors observed that residents who required assistance received same in a dignified and discrete way by staff who were assigned to ensure residents were appropriately assisted if necessary. Many residents were observed chatting with each other using the mealtime as a social occasion.

The menu was displayed for residents' information.

Mealtime arrangements in place did not facilitate all residents to enjoy their meals in the dining room. However, some residents choose to eat in the sitting room. This finding is discussed further in outcome 12.

Staff training was completed in 2014 to inform staff on use of the nutrition assessment tool in assessing and monitoring procedures.

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):

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

Findings:

Inspectors found that the privacy of residents in some of the bedrooms located on the ground floor was improved by the fitting of blinds over windows with a view of car parking areas since the last inspection. However, curtain bed screens were not of a standard to ensure visibility was not possible through them when closed and as such the privacy of residents engaging in personal activities may not be assured behind these bed screen curtains. One of two residents in a four bedded room had the door to the bedroom open throughout the days of inspection in response to her expressed choice; however evidence that the second resident's privacy needs were assessed to ensure they were not compromised by this arrangement was not available.

The layout and design of some residents' bedrooms did not ensure their privacy and dignity needs were met as set out in the centre's statement of purpose and function. As outlined in outcome 12, due to the close proximity of beds in some rooms the ability to manoeuvre around the rooms safely and undertake personal activity in private may be compromised. In addition behaviour of some residents or persons visiting may impact on those residing within. Noise and odours within communal areas may impact on others within the shared environment. Storage of two commodes was undertaken in a three bedded room during the day while residents were not occupying this room. This further compromised access for residents to their wardrobes and to exit the room. Information in relation to some residents' end of life care plans was displayed inside wardrobe doors in their bedrooms. The person in charge acknowledged that this was not appropriate and confirmed this information would be removed.

CCTV (Closed Circuit Television) cameras were in use in areas where residents would have a reasonable expectation of privacy. These cameras were located in the main

sitting room and in the reception area which was also used by residents to rest in and meet their visitors as observed by inspectors. A notice was displayed in the reception area advising of their operation. Inspectors observed that continuous live imaging was received on a monitor in the staff office.

There was an internal courtyard off the sitting room which residents could access if they wished.

The inspectors found evidence that residents were encouraged to make choices about their day to day life in the centre that reflected their individual preferences and diverse needs regarding the food they ate, participation in activities and when they got up in the morning. Residents' meetings were convened on a three monthly basis chaired by the activity coordinator and were minuted.

There were examples where residents were encouraged and facilitated to maintain their independence, for example residents who were assessed as able were accompanied on walks around the local community. However, the layout and design of some residents' bedrooms and toilet facilities did not safely promote independence. This finding is discussed in outcome 12.

An advocate was available to residents and there was evidence that this service was used by residents.

There was a communication policy in use to inform communication strategies especially with residents who had illnesses and medical conditions that resulted in them having communication deficits which some residents experienced on the days of inspection. The communication policy required review to inform communication strategies to be used by staff. The Inspector also observed that residents had access to local and national newspapers. Some residents were observed independently reading them and others who were unable to do so were informed of the contents as part of the communal activities facilitated by the activity coordinator. Residents had access to optical and auditory services and some residents wore glasses and hearing aids. Items of interest to residents were displayed in the centre.

The centre had a telephone which residents could use if they wished to speak to relatives in private. Residents' confirmed that they had regular visitors and could choose where they would like to meet them other than their bedroom.

Residents were facilitated to practice their religion. On the second day of inspection, a mass was celebrated by the local priest. The rosary was prayed each evening by residents in the sitting room. Residents of other faiths were attended by their clergy.

Judgment:

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(s):

No actions were required from the previous inspection.

Findings:

Residents spoken with told the inspectors that their clothing was managed to their satisfaction. The inspectors observed that clothing worn by residents was clean, in good condition and stored neatly in wardrobes and drawer units. Items of residents clothing viewed by the inspectors did not consistency reference residents' identification on them. This finding is discussed in outcome 5.

The inspectors found that not all residents had adequate space to store their personal belongings. Residents in the multi occupancy rooms and in some twin rooms did not have adequate space to stores their personal belongings. For example, a resident residing in a three bedded room was storing personal belongings on top of a wardrobe including a floral arrangement. Many residents in shared accommodation displayed their personal photographs on the wall behind their beds as the only area available to them for this purpose. As discussed in outcome 12 and 16, due to the layout and design of some twin and the multi occupancy rooms not all residents had access to their personal wardrobe space without entering the personal space of another resident including when bed screen curtains were closed.

There was a policy to inform management of residents' personal property and possessions available. A record of each resident's property was completed to ensure residents' possessions were recorded. The centre has a laundry on-site and residents clothing was laundered by a designated staff member. A linen collection skip was stored in the laundry room with colour coded lids; however, this colour coding system did not inform the contents of the used linen bags. For example, a linen collection bag with a red lid was overfilled (more than 2/3 filled) with used bed linen. The inspectors observed that domestic-type linen baskets without internal liner bags were used to collect linen at source and were carried by the laundry staff member to the laundry room. The stair lift was used to transport filled linen baskets from the first to the ground floor. These findings did not reflect best practice in terms of linen management and infection prevention and control in line with national standards and guidelines. There was inadequate worktop space for segregation of clean and soiled linen. These findings are discussed in outcomes 9 and 12 of this report.

Judgment:

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:

A copy of the staffing roster was provided to inspectors and reflected that there is a registered nurse on duty in the centre at all times.

Staffing levels at night-time required review to ensure that in the event of an emergency staff would be able to safely evacuate residents.

Staff training records referenced that all staff had attended annual fire safety training but did not reference that all staff had participated in fire evacuation drills. While staff attended training on topics to support and inform their practice, this training was not consistently reflected in evidence based best practice, for example, in restraint management, medication management and infection prevention and control practices and procedures. While the training programme in place included mandatory training for staff in adult protection, fire safety and manual handling, not all staff had received dementia care training. The person in charge confirmed that there was a high level of residents with cognitive impairment/dementia needs in the centre. Care staff facilitating activities advised inspectors that they planned to undertake training in providing dementia specific activities. Staff had received training in challenging behaviour.

Inspectors received the names and corresponding pin numbers for all staff nurses employed in the designated centre and confirmed that each was registered with An Bord Altranais agus Cnáimhseachais na hÉireann.

The provider advised inspectors that there were no volunteers working in the centre.

Judgment:

Non Compliant - Moderate

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:

Catherine Rose Connolly Gargan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	Heatherfield Nursing Home
Centre ID:	OSV-0000140
Date of inspection:	03/03/2015
Date of response:	07/04/2016

Requirements

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

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose did not contain all the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing

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

the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

The Statement of Purpose will be reviewed in its totality and updated accordingly .

Proposed Timescale: 30/08/2015

Theme:

Governance, Leadership and Management

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

The written statement of purpose for the centre required annual review as dated 31 December 2013.

2. Action Required:

Under Regulation 03(2) you are required to: Review and revise the statement of purpose at intervals of not less than one year.

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

The statement of purpose has been reviewed.

Proposed Timescale: 21/03/2015

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:

Effective management systems were not in place to ensure the delivery of safe, quality care services, appropriate to residents' needs and were effectively monitored.

Management systems failed to ensure that actions required from previous inspections associated with the layout and design of the premises and management of risks including risk of fire were completed and as such remained outstanding since the centre's registration inspection in November 2011.

Monitoring activities undertaken failed to identify inadequate fire safety procedures, medication management practices, infection prevention and control procedures and ongoing inadequate privacy provision for residents.

3. Action Required:

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

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

A Risk Register is now in place since the date of inspection. It identifies the risk assessment, risk rating (which is rated), the controls in place and what further action that needs to be taken.

The existing Safety Statement has also been updated.

Proposed Timescale: 30/06/2015

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

The fees were not clearly stated on each contract regarding the personal contribution to be paid by each resident as part of overall fee for residents availing of the Nursing Homes Support Scheme.

4. Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

All fees are indicted on the contracts of care and signed by residents or their next of kin. All Fee notes are being altered to specify the amount paid by the Fair Deal Scheme and resident.

Proposed Timescale: 15/05/2015

Theme:

Governance, Leadership and Management

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

The cost of additional services not covered by the nursing home fee such as chiropody or hairdressing was not made available to empower residents to make informed decisions regarding the services they wished to avail of.

There was reference to additional charges for some social outings which were not included in the nursing home fee but not detailed.

5. Action Required:

Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the

resident is not entitled to under any other health entitlement.

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

The Resident Guide will be updated to include additional charges outside the Fair Deal scheme to include chiropody, hairdressing and any other additional charges.

Proposed Timescale: 15/05/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Not all policies adequately informed practice as required by regulation 4, Paragraph 1: Schedule 5

6. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

All policies as per schedule 5 are currently being revised and updated

Proposed Timescale: 15/06/2015

Theme:

Governance, Leadership and Management

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

An adequate record was not available of all fire evacuation drills carried out in the centre as required by Schedule 4, Paragraph 10 of the Regulations

An adequate record was not maintained of any occasion when bedrail restraint was used, it's duration, the resident for whom it was used with and the interventions tried prior to implementing use of bedrails as required by Schedule 3, Paragraph 4(g)

7. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

The Provider and Person in Charge were not scheduled to work on the date of inspection. They were present to facilitate the inspection. An updated duty roster of that week shall be forwarded to the Inspectorate.

Copies of all fire evacuation drills will be sent to the Inspectorate.

The current Restraint Policy is being reviewed and updated in line with the National Restraints Policy schedule 3 para 4 g.

There is now in place at the Centre a Restraints Free environment. However, if a resident requires the use of a bed rail a full documented assessment is carried out .

There is an updated Bed Rails Assessment in place at the centre. The purpose of this tool is to support staff in making assessment of the appropriate use of bedrails for residents. It is not intended for use as a prescriptive scoring tool but as a support to reaching an informed decision having considered the benefits and risks of the use of bedrails as part of an individual residents care plan of care.

Some residents formally request a bedrail. This is fully documented in their care plan.

Senior staff members attended training on the legal use of control and restraint. Including the legal and practical use of control and restraint.

Proposed Timescale: 30/06/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Restraints used were not adequately managed in line with the National Restraint policy.

8. 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:

Please see reply to outcome 6. Please also note the Centre now has in place sensor mats for residents who are at higher risk of falling.

Proposed Timescale: 30/06/2015

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The risk management policy did not include adequate information relating to the on-

going identification of hazards and assessment of risk at the centre.

9. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

The risk management policy will be updated to include the ongoing identification of hazards and risks at the centre.

Proposed Timescale: 15/06/2015

Theme:

Safe care and support

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

Inspectors found inadequate reference to the measures and actions in place to control the risk of aggression and violence within the risk management policy

10. Action Required:

Under Regulation 26(1)(c)(iv) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.

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

A policy will be implemented

Proposed Timescale: 15/06/2015

Theme:

Safe care and support

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

Inspectors found inadequate reference to the measures and actions in place to control the risk of self harm within the risk management policy

11. Action Required:

Under Regulation 26(1)(c)(v) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

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

The risk management policy will be updated to include risk of self harm

Proposed Timescale: 31/05/2015

Theme:

Safe care and support

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

Procedures consistent with the standards published by the Authority were not in place for the prevention and control of health care associated infections.

12. Action Required:

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

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

All members of staff will continue to have ongoing training with regard to the control and prevention of healthcare associated infections.

New policies and procedures are now in place regarding the prevention of healthcare associated infections. For example a laundry and linen policy is now in place.

A Health Care Associated Infection policy is currently being prepared.

Proposed Timescale: 31/08/2015

Theme:

Safe care and support

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

Inspectors observed the inappropriate use of candles and of flammable bedding and furnishings in the centre

13. Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

Candles are repeatedly requested by residents. No candles will be placed adjacent to flammable materials. Residents find candles therapeutic particularly in winter.

A risk assessment will be completed if it is decided that candles will be used. Also, alternatives to candles will be explored. If candles are in use they will only be placed at a particular safe point as per the risk assessment.

Proposed Timescale: 30/04/2015

Theme:

Safe care and support

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

The building was not adequately divided with fire resistant construction in order to provide adequate means of escape to places of relative safety for residents. The escape routes were excessively narrow in areas and some door fastenings provided on escape route doors were not easily opened from the inside in the event of evacuation.

This action was issued to the provider on 03 March 2015 requiring an immediate response.

14. Action Required:

Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

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

The centre is in receipt of a fire safety certificate and is deemed fire safety compliant. The door fastenings on escape routes open automatically once an emergency has been triggered.

All emergency doors have been tested and are working .

A new fire panel has been installed with regard to increasing the emergency fire zones in the centre to 8 zones to facilitate further compartmentation of the centre.

The advice received from the Authority will be accounted for in the final plan to reconfigure the centre. The final plan will be finalised with the Fire Officer for County Meath and progressed by the 30th September 2015.

Proposed Timescale: 30/09/2015

Theme:

Safe care and support

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

The registered provider was unable to provide any adequate records of fire drills in order to demonstrate the adequacy or otherwise of the evacuation arrangements in place.

15. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

A register is now being kept with regard to all fire evacuations drills. There is a record in place of all fire drills which are carried out twice yearly.

The evacuation drills do reflect the conditions and and staffing levels for both day and night time.

Copies to be sent by post.

Proposed Timescale: 30/04/2015

Theme:

Safe care and support

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

Inspectors observed fire doors that would not be capable of fulfilling their function of containing fires and preventing the movement of fire and smoke through the building

16. Action Required:

Under Regulation 28(2)(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:

All fire doors have been further upgraded with an additional fire strips.

All doors have been serviced.

Proposed Timescale: 08/03/2015

Theme:

Safe care and support

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

The arrangements in place for evacuating the centre where necessary in the event of fire, particularly at night, were inadequate

This action was issued to the provider on 03 March 2015 requiring an immediate response.

17. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

There is a detailed evacuation in place which includes two members of staff on duty. Both providers live on the premises with our daughter. Three further members of staff live within a 2 mile radius of the centre.

There is plans in place to further compartmentalise the building following discussions

with the Fire Officer.

Proposed Timescale: 30/09/2015

Outcome 09: Medication Management

Theme:

Safe care and support

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

Arrangements in place during medication administration to residents did not ensure that medicines were stored securely at all times.

Storage of controlled medications in a filing cabinet did not ensure these medications were stored securely as required by Misuse of drugs legislation requirements.

18. Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

The medication policy has been reviewed , a medication trolley has been purchased and a DDA press is on order.

Proposed Timescale: 30/04/2015

Theme:

Safe care and support

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

Prescription orders were not complete authorisations to administer medications in accordance with the Medicinal Products (Prescription and Control of Supply) Regulations (Amendment) 2007

19. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

This refers to one resident who was on respite care at the centre on the date of Inspection. This resident was considering long term care at the centre due to her positive experience at the centre. There was no original prescription on the residents file however the faxed prescription was on file. This has now been rectified.

Proposed Timescale: 05/03/2015

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

While quarterly notifications were forwarded, they did not include details of any occasion where restraint was used for residents.

20. Action Required:

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

As discussed with the Inspector on the date of Inspection the Centre was unaware that bed rails were considered as a restraint. At the recent AGM of Nursing Home Ireland a representative of HIQA advised providers that bed rails were not considered a restraint.

However, as it seems that bed rails are now considered a restraint a policy will be put in place to reflect the National Policy.

A Bed Rail assessment and policy is now in place.

Proposed Timescale: 30/06/2015

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:

There was inadequate evidence that risk assessments completed by a person with professional expertise to ensure residents residing on the first floor could access the stairs safely by foot or using the chair lift as no a lift was not provided between floors

21. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

Most residents are accompanied on the stairs by a member of staff. Some residents prefer to exercise their freedom of choice by alighting the stairs on their own. This will be now documented in the residents care plan with regard to mobility.

A risk assessment will be completed regarding residents on the first floor to assess their capability to access the stairs independently.

It is a minority of residents who decide to use the stairs independently.

The Person in Charge will complete a risk assessment regarding residents on the 1st floor who access the stairs independently. This will be based on her clinical judgement and intimate knowledge of the resident while taking into account the residents freedom of choice

Proposed Timescale: 31/07/2015

Theme:

Effective care and support

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

While there was evidence of changes being made to individual care plans by the new entry being written in red ink and dated, there was no documented evidence of involvement by residents or their significant other in this process as required.

22. Action Required:

Under Regulation 05(5) you are required to: Make the care plan, or revised care plan, prepared under Regulation 5 available to the resident concerned and, with the consent of that resident or where the person-in-charge considers it appropriate, to his or her family.

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

All Care plans will now be signed by the resident or their significant other. All residents /relatives will be informed of their right to have input in the care plan.

Proposed Timescale: 30/05/2015

Theme:

Effective care and support

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

Residents' medication management procedures did not consistently reflect a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais na hÉireann.

23. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

A new medication trolley has been purchased and a new MDA press has been installed in the office. This will further improve medication management practises.

All nursing staff have completed a medication management course.

Proposed Timescale: 30/06/2015

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 layout and design of the multi-occupancy twin, a three bedded and a four bedded rooms were not appropriate to the number and needs of the residents in accordance with the centre's statement of purpose.

24. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

There is a detailed plan in place which the Authority have been furnished with.

The plan is fully costed and funded .

The plan will ensure adequate space for residents, use of hoists if required with ease of access to toilet showers.

The plan will ensure compliance with the regulations and the reconfiguration will be complete by the 31st July 2016.

Proposed Timescale: 31/07/2016

Theme:

Effective care and support

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

Aspects of the premises did not meet the requirements of Schedule 6 of the Regulations

25. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The Authority have received plans to further improve the physical layout of the Centre. A request was received from the Authority on 3rd February 2015 for further information. A detailed reply was sent by email including attachments on the 6th February 2015 by our Fire engineer including attachments to the Authority . The providers have received no reply.

However, a further meeting took place with a senior member of the Authority on the 25th June 2015.

A purpose built lift will be provided at the rear of the building providing improved access to the 1st floor of the centre.

Room 4 will be increased in size to provide further room and comfort to residents.

Room 22 will no longer be a double bedroom. These beds will be transferred to the ground floor as per the plans.

Room 2 will no longer be a double room and will be reduced to a single occupancy room.

Room 5 will be moved to provide a better outlook as per the plans.

Room 6 will be moved to provide a better outlook as per the plans.

All bathrooms are being currently upgraded and a new purpose built bathroom will be provided.

There will be increased dining space area as the current staff room and bathroom will be relocated to the 1st floor.

Proposed Timescale: 30/07/2016

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The appeal procedure required review to ensure complainants were afforded an opportunity to have the outcome of their complaint reviewed if dissatisfied with investigation by the designated complaints officer.

26. Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

The Complaints procedures will be reviewed .

Proposed Timescale: 31/05/2015

Theme:

Person-centred care and support

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

A record of verbal complaints was not maintained

27. Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

There is a complaints policy in place and the formal procedure is displayed in the front hall of the centre.

A record of verbal complaints is now in place.

Proposed Timescale: 30/04/2015

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:

Evidence to support an arrangement for one resident to keep the door to a multi-occupancy room open had not been assessed to ensure it did not infringe on the rights of another resident in the room.

28. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

Since the date of inspection the matter has been discussed with the other resident's relatives and they have informed the management that the resident has always slept with her door open and consequently this resident's choice does not interfere with the rights of other residents.

The resident in question has end stage dementia . The Person in Charge had a meeting with the Residents son to ensure that as his mother's next of kin he was satisfied that the door to the bedroom could be left open.

Proposed Timescale: 30/06/2015

Theme:

Person-centred care and support

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

The layout and design of some residents' bedrooms did not ensure that they could undertake personal activities in private.

CCTV (Closed Circuit Television) cameras were in use in communal areas where residents would have a reasonable expectation of privacy.

29. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

The CCTV of communal areas is necessary with regard to public liability insurance . There is no CCTV in bedrooms or toilets. All residents and relatives are informed of this. There have been no complaints regarding same.

There are signs in place at the front lobby that all residents and relatives are made aware of on admission.

A policy is being drafted regarding this matter to obtain the consent of relatives and residents .

Proposed Timescale: 30/05/2015

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:

Residents in multi-occupancy rooms were not facilitated to retain unobstructed control over their personal clothing and possession

30. Action Required:

Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

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

A review will take place with regard to providing further control to residents over their personal belongings.

Proposed Timescale: 30/05/2015

Theme:

Person-centred care and support

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

Residents in multi-occupancy rooms did not have adequate space to store and display their personal possessions.

31. Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

The rooms in question will be upgraded to further facilitate storage of clothes and or personal possessions . Residents are free to display their personal possessions wherever they so wish.

Further shelving will be provided in multi occupancy rooms where appropriate.

Proposed Timescale: 30/05/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

In order to assure the Authority that the current staffing compliment meets the assessed needs of 30 residents, a staffing needs analysis taking all variables into consideration that could have an influence on staffing levels is required. For example, the evacuation of residents particularly at night time when there are two staff on duty, the complex needs including dementia care needs and dependency levels of residents, the size and layout of the centre, supervision of residents, the roles of staff and time taken to answer call bells is required.

32. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

The centre is in the process of being further compartmentalised with regard to fire safety and discussions are ongoing with the Deputy Fire Officer for Co. Meath.

The duty roster always reflects a skill mix of experienced and more junior members of staff.

A staffing needs analysis will take place before and after the centre has been further compartmentalised.

The emergency evacuation plan is specific regarding what is to occur regarding night evacuation. There are two members of staff on duty between 10pm and 7 am. All members of staff are trained in fire evacuation.

The further compartmentalisation of the centre will further mitigate this.

A designated member of staff will be assigned to keeping a fire safety log

Proposed Timescale: 30/07/2015

Theme:

Workforce

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

Ensure staff have access to mandatory fire evacuation drill training and providing activities for residents with dementia care needs.

33. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

All staff have access to fire evacuation training .

Both activity coordinators have F Tec level 5 training which includes activities for residents with dementia.

Proposed Timescale: 03/03/2015

Theme:

Workforce

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

Staff were not adequately supervised to ensure best practice in relation to restraint management, medication management and infection prevention and control practices and procedures.

34. Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

As previously indicated all these policies are under review.

Staff levels and rostering will include a suitable skill set with regard to nurse / carer levels. All carers have reached FETAC Level 5.

All staff including nurses, carers, kitchen staff and household are appraised.

Proposed Timescale: 30/06/2015