

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Harvey Nursing Home Terenure
Centre ID:	OSV-0000047
Centre address:	122-124 Terenure Road West, Terenure Road, Dublin 6.
Telephone number:	01 490 7764
Email address:	alice@harveyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Willoway Nursing Home Limited
Provider Nominee:	Seamus Brady
Lead inspector:	Helen Lindsey
Support inspector(s):	Shane Walsh
Type of inspection	Announced
Number of residents on the date of inspection:	45
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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was 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: 31 January 2017 09:30 To: 31 January 2017 16:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

Inspectors were satisfied that the residents received a good quality service. There was a good level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards of Residential Care Settings for Older People in Ireland 2009.

As part of this inspection, inspectors met with residents, relatives and staff members. They observed practices and reviewed documentation such as care plans, staff recruitment files, policies and procedures. Inspectors met the person in charge and provider who were present during the inspection.

Residents were found to have their health and social care needs met. They were assessed, documented and reviewed on a regular basis. Care records provided the

staff team with clear information about what residents needs were, and clear direction in how they were to be met. Staff were observed providing care and support of detailed in the care records. Residents and their relatives spoke positively of their experience in the centre and a number commented that it had a nice atmosphere.

Staff had received training in areas relevant to their role in the centre including responding to fire, prevention of elder abuse, infection control, and supporting residents with dementia. There was an on-going training plan to ensure all staff kept their knowledge up to date including the support staff such as those working in the kitchen and cleaning the centre.

The centre was clean and well presented. It provided sufficient communal space for residents to engage in a range of activities. There was also an enclosed garden that residents could access easily. There was space to meet visitors in private, but it was commented by a number of people that there could be more.

There was an effective governance and management system in place to ensure the service provided met quality and safety standards. The person in charge was supported by the staff team in the centre, and by the operations officer and senior management team. Through the monitoring and auditing processes carried out any issues that were picked up were quickly responded to with clear recording of the action taken to make improvements.

Two area for improvement was identified, one in relation to premises and the other in relation to resident's rights. This is discussed further in the body of the report and the action required is included in the action plan at the end.

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

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose set out the services and facilities in the designated centre and contained all the requirements of schedule 1 of the regulations. It was kept up to date and revised in February 2017.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

Findings:

Inspectors found there were effective systems to ensure the service provided was safe, appropriately resourced, and met the needs of the residents.

There was a clearly defined management structure for the centre.

The person in charge and the assistant director of nursing oversaw practice in the centre on a day to day basis. They carried out audits and observations in the centre to ensure day to day practice was in line with the aims of the statement of purpose. They were seen to be responsive to any issues that arose in the centre, offering advice and support to the staff team. Residents, relatives and staff all said the management team in the centre were approachable and would work to address any issues that arose.

The person in charge met with the operations officer informally as required, and also at planned monthly meetings. They went through the outcomes of the audits and other data in relation to the centres performance to monitor trends and identify areas for improvement. They discussed how the health and social care needs of the residents were being met. They also shared good practice identified with other person's in charge for the provider. Actions required for improvement were identified and clearly allocated to a staff member for action. This process provided assurance to the provider that the centre continued to be operated to ensure quality and safety of care.

Where there were resource implications this was escalated to the provider for decision. The centre was seen to be run as described in the statement of purpose that had been produced by the provider. Inspectors observed that there were sufficient resources to ensure the effective delivery of care. The building was well maintained, staffing levels met the needs of residents, there was investment in training for staff, and a range of activity and occupation was available for residents.

An annual report was available that reviewed the main areas of practice in the centre for the last year, and an improvement plan for the coming year. Improvements noted in the report included a plan to increase the levels of activity outdoors for residents and training for staff and improvements to the premises.

Judgment:

Compliant

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 resident's guide in the centre. It was available to the residents and included information about the services and facilities in the centre including how to raise any concerns or complaints, and the arrangements for visiting.

Inspectors checked a sample of residents records and found that there were contracts of care that covered the terms and conditions of their stay. They also covered the service to be provided, fee's to be charged and a list of any other services offered that were not covered by the fee.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge

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

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a full time person in charge of the centre, and the information submitted to HIQA showed that they had relevant skills, experience and qualifications to undertake the role.

They had been in the role at the centre since April 2016, and had a good understanding of the needs of the residents, and the governance and management arrangements for the centre. They were seen to provide effective leadership on the centre during the inspection.

Residents and relatives fed back that they knew who the person in charge was, and that they could approach them about anything and they would be responded to quickly.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The following documents required by the regulations were available and met the required standard:

- Documents to be held in respect of the person in charge and each staff member (schedule 2)
- Records to be kept in respect of each resident (schedule 3)
- Other records to be kept in a designated centre (schedule 4)
- Policies and procedures (schedule 5)

All of the documents were well presented, easy to read, and accessible to the staff in the centre. They were seen to be stored securely but were accessible if required, including archived documents.

The written policies and procedures were seen to be implemented in the centre, for example the staff recruitment policy, restrictive practice policy and medication management procedures. The date of implementation and date for review were clearly marked on each document, and evidence was seen that they were reviewed at least three yearly and updated where required.

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:

Inspectors were satisfied that measures were in place to safeguard and protect residents from abuse, that there were systems in place to promote a positive approach to responsive behaviour (behaviours that challenge), and the management of restrictive practices were in line with the national policy.

There was a policy and procedure in place for the prevention, detection and response to abuse that was comprehensive. Evidence was seen that the process set out in the policy was followed in practice. Staff who spoke with inspectors were able to describe the different types of abuse as described in the centre's policy, and how to report it. All staff had completed up-to-date training in safeguarding of residents, and the training records confirmed this. The person in charge and the management team was familiar with the procedures to follow to carry out an investigation and what their role would be.

HIQA questionnaires completed by residents and relatives stated that they felt the centre was safe. They noted that the security arrangements and care and support provided by the staff team made them feel safe. Residents who spoke with inspectors during the inspection confirmed this view.

There was policy for managing responsive behaviour in the centre that was seen to guide the practice of the staff. Where residents had responsive behaviour there were clear care plans in place that identified the likely behaviour, any known factors that influence the resident or may be a trigger to them, the agreed intervention and the goal for the resident, for example that they are supported to remain calm and comfortable. Staff were seen to be familiar with the needs of the residents and knew how to support them in order to reduce the risk of incidents.

Inspector's also reviewed the policies for the use of restraint. It followed national best practice and made a commitment to work towards a restraint free environment in the centre. This was seen to be implemented in the centre. For example the use of bedrails in the centre was being reduced following assessments of residents needs, and alternative options were being used in agreement with residents where they were assessed as appropriate.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
There were systems in place to protect the health and safety of residents, visitors and staff in the centre.

There was health and safety statement in place in the centre. This statement dealt with

the health and safety of residents, staff and visitors. The statement had been signed by a representative of the provider in 2017. The statement also contained a risk register that detailed possible risks throughout the centre, for example environmental risks, the risk associated with violence and aggression and the risk of a resident absconding from the centre. All risks were rated in their severity and detailed controls that were put in place in order to control and mitigate risks. There was a comprehensive policy in place relating to the management of risk. This policy provided detail on how to identify, assess, record and address identified risk. There were emergency procedures in place for dealing with events such as gas leaks or flooding. The centre also had a total evacuation plan in place.

The centre had a policy on infection control. The policy was consistent with the practice observed during the inspection. Staff had access to personal protective equipment such as latex gloves and disposable aprons. There were hand wash basins and disposable gel dispensers available throughout the centre.

There was a fire safety policy in place in the centre. The policy detailed the procedure to be followed in the centre relating to the visual inspection of fire prevention systems, the maintenance of these systems, the regularity of training required by staff and the procedure to be followed in the case of a fire. All staff had received mandatory training in fire safety. The inspectors spoke to a number of staff and all were aware of the procedure to be followed in the event of a fire. Staff were able to explain to the inspectors their role during a fire and what would occur if the fire alarm was to sound.

The centre had appropriate fire controlling measures in place. The centre was compartmentalised through the use of fire doors in the corridors. These doors would automatically close on the sounding of the fire alarm. The fire doors all had expanding heat seals and smoke seals in place to slow the spread of fire or smoke. The centre had a suitable amount of fire fighting extinguishers in the centre and they had all been serviced within the last year. The inspectors reviewed the service records of the emergency lighting and fire alarm and found that they had been tested and serviced on a quarterly basis. Fire exits were well signposted and were unobstructed. There was a sheltered smoking area located in the garden. This area had metal ashtrays, a fire extinguisher and fire blanket in place. A weekly test of the fire alarm was carried out. When this test was carried out all relevant staff would assemble at the fire panel to mimic the procedure to be followed in the event of a fire.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

No actions were required from the previous inspection.

Findings:

Detailed written operational policies relating to medication were available in the centre. They covered topics such as ordering, prescribing, storing and administration of medication to residents. There was also a policy in place for residents to manage their own medications where they wanted to and a risk assessment had identified they had the necessary skills required to store and take the medication safely.

Storage and administration of 'as required' (PRN) medication and controlled medication was in line with relevant professional guidelines. There was a procedure in place where controlled drugs were regularly checked and signed for by two nurses, with recording of checks made in a register. The inspector checked a selection of the medication balances and found them to be correct.

A review of the prescription and administration records showed they were fully completed. There was space to record comments, such as the resident declined to take the medication. Drugs being crushed were signed by the general practitioner (GP) as suitable for crushing. Resident's medication was reviewed every four months by their GP.

Inspectors observed residents receiving their medication and observed that residents were supported to take their medication under the supervision of the nurse, and were supported to go at a pace that suited them.

There was an effective system in place to manage the return of out of date and unused medication, with records providing a clear audit trail.

A medication audit had been carried out by a pharmacist. The report found general compliance with professional standards, and any actions noted in the report were being addressed.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Resident's health and social care needs were met by staff who were skilled to meet their individual needs. Inspectors saw examples of evidence based nursing being put in place in the centre to promote the residents health and wellbeing.

Admissions to the centre were seen to follow the policy. Each resident's needs were assessed prior to them being offered a place. They or their representatives were able to visit the centre, and then when they were admitted to the centre a full assessment was completed by a nurse. A checklist was in place to ensure residents were supported by the staff team when they arrived at the centre, for example to ensure their room was ready for them.

A sample of residents care plans were reviewed by inspectors. They were seen to be detailed about each individual resident, providing clear guidance for staff about how their health and social care needs were to be met. There were a range of validated tools being used in the centre that supported assessing resident's needs. For example to identify the risks levels residents may face in relation to falls, malnutrition, pressure ulcers and cognitive ability. The outcomes of the tools were then used to plan the appropriate interventions to meet the resident's needs. All care plans and assessments were seen to be reviewed four monthly or sooner as required. The approaches being implemented were seen to have a positive impact for the residents. At the time of the inspection there had been a reduction of the number of falls for residents in the centre, and no one had pressure ulcers.

Residents and relatives provided feedback in the HIQA questionnaires to say they felt their health needs were being met.

Records showed that staff in the centre were responsive to the changing needs of residents and referrals to general practitioner (GP) and allied professionals were made in a timely manner. Where recommendations for treatment were made, records showed that it had been implemented. For example where the speech and language therapist made recommendations around the consistency of food for individuals, residents were seen to be provided with the correct food options.

Where residents left or returned to the centre, following appointments or admissions to hospital, records showed that up to date information was sent with them to ensure they received the correct treatment.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

The design and layout of the centre were suitable for its stated purpose and met the identified needs of the residents, however there was one improvement required around handrails.

The centre was laid out over two floors. The centre was well lit, was suitably heated and was in good repair. Flooring in the centre seemed to be free from any trip hazards. Corridors throughout the centre had handrails in place to assist residents to move throughout the centre independently. It was noted that all assistive equipment in the centre such as wheelchairs and hoists had designated storage areas in place. These areas were clearly marked with yellow and black tape, and at no point during the inspection was equipment stored in corridors or noted to be obstructing movement. There were two lifts and three staircases in the centre to accommodate residents' movement on both floors. However two of the three staircases in the centre only had a handrail on one side of the staircase. Schedule 6 of the regulations requires that staircases have handrails in place on both sides of the staircase.

The centre was suitably decorated. The use of wallpaper, paintings, residents' artwork, carpets and furniture all aided in providing the centre with a homely feel. There was an adequate amount of communal space available in the centre. There was a day room located on the first and ground floor. There was also a dining room in the centre. The inspectors observed residents using all communal areas throughout the inspection, however it was noted that the ground floor day room was used by most of the residents in the centre and at times space was limited. Management of the centre stated they were aware of this and were looking into ways of using the other communal spaces more effectively. There was a visitors' room available adjacent to the ground floor day room if residents wished to receive visitors in private. Call bells were available in the communal areas.

Residents had access to a large secure garden. The garden was accessible to all residents and consisted of both grass and paved areas. The garden had a variety of flowers and vegetation, and also had garden furniture such as benches and tables for residents use. There was a sheltered smoking hut in the garden. Both the garden and the smoking hut were observed to be used by residents both independently and with staff assistance during the inspection.

The centre consisted of single occupancy and double occupancy rooms. Each resident had a wardrobe, and locker and a chair in their room. Storage space provided to

residents seemed to be adequate. Not all residents were provided with lockable storage however the inspectors were informed that lockable storage space was offered to all residents and would also be provided if it was requested. The inspectors spoke to residents who confirmed this to be the case. Residents in double occupancy rooms had screening curtains in place to respect their privacy and dignity. All bedrooms had call bells and Inspectors observed residents using call bells throughout the inspection.

Inspectors reviewed the number of toilet and shower facilities in the centre. Wheelchair accessible toilets were clean and were in good working order and had grab rails in place. There was a sufficient amount of communal toilets and showers in the centre. Many of the toilets also doubled as en-suites, while some rooms also shared en-suites. All assistive equipment such as wheelchairs and hoists were observed to be in good working order. Inspectors also reviewed the service records and found that they had all been serviced in the last year.

Judgment:

Substantially Compliant

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors found residents and families knew the procedure for making complaints, and where they were made they were investigated and acted upon. There was a complaints procedure by the front door in the centre which outlined how residents or relatives could make a complaint.

There was a complaints policy in place that set out the procedure to follow when comments or complaints were received. It included a nominated person to deal with them and an appeals process. There was also a process to ensure complaints were investigated in a timely way, and correctly documented.

The inspectors reviewed the complaint records and found they included detail of the complaint, the actions taken and the satisfaction of the complainant.

Residents and relatives informed inspectors they knew how to make a complaint if they needed to, and this was confirmed in the HIQA questionnaires that were completed. A number of respondents said they hadn't needed to make a complaint and that the staff were approachable if they felt they wanted to give feedback or raise small issues. There

was no evidence to suggest that anyone was adversely affected from making a complaint.

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:

Residents were seen to have access to drinks at all times. Hot drinks and snacks were also offered at regular intervals.

There was a four week menu in the centre offering a variety of meals that met with the preferences of the residents. The menu offered at least two options for each meal, but other options could be provided if a resident had a specific request. The menu was displayed in the centre, and staff explained the options ahead of each meal. It had been reviewed to ensure the food provided would meet the nutritional needs of the residents.

Inspectors observed that the meals served at lunchtime was well presented, and looked appetising. Portions were seen to vary depending on the needs and wishes of the residents. Residents were positive about the quality of the meals provided in the centre, and said they could ask for things at any time day or night and staff would get things for them.

Where residents had nutritional needs, nutritional screening was carried out in the centre and referrals were made to allied professionals such as the dietician, speech and language therapist or the occupational therapist. Where professional recommendations were made they were seen to be known by the staff and meals served matched the recommendation. Resident's weights were monitored, and where there were losses or gains action was taken, for example referrals to the general practitioner, dietician or speech and language therapist.

The lunch time was provided at two sittings. This was to ensure residents who ate in the dining room could receive discreet support from staff, and take their meal at a pace that suited them. Residents were also able to take their meals in other areas in the centre, such as in their rooms or in the main lounge. See outcome 16 in relation to residents taking their meal in the main lounge.

Kitchen staff worked in a tidy environment, and had sufficient equipment and storage to safely prepare, cook and serve meals. They were knowledgeable about the residents needs, likes, dislikes and allergies.

Residents could choose where to take their meals. There was a main dining room, a lounge area and some residents took meals in their rooms.

Nurses, care assistants and the kitchen staff had received training in the nutritional needs of the residents.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
Residents were able to exercise choice and control of their lives, and received an individual service from staff who knew them well. An area for improvement was noted in relation to privacy and dignity during meal times.

Residents were consulted about how the centre was run. An independent advocate ran residents meetings. The minutes of the meetings showed feedback was received on areas such as food, activities and staffing. The outcomes of the meeting were fed back to the person in charge and actions were agreed in response to the feedback. There was a clear action plan, with people allocated the task of addressing each agreed action. The chef gave examples of where the menu had been changed following feedback from the residents.

In the HIQA questionnaires returned from residents, they all stated they were aware of their rights. Residents were seen to be exercising choice and control over their lives, in relation to where they spent their time, who they spent it with, what they had to eat and drink, the activities they participated and whether to attend residents meetings.

Staff were seen to respect the rights, privacy and dignity of residents. They were

knocking on bedroom doors before entering, respecting residents wishes to spend time where they wanted, for example in bed, and ensuring personal care was provided in private.

There were a range of activities available in the centre. Residents and relatives confirmed that they had free access to the gardens and found them enjoyable especially in the warmer months. There was an activities co-ordinator working with the residents both in a group, and on a one to one basis. During the inspection the residents were involved in a quiz and arts and crafts. Photographs around the centre showed the range of activities for different events such as Christmas day, St Patrick's day, and for resident's birthdays.

Much of the activity took place in the main lounge, but there were other areas in the centre where residents could spend time. There was a visitor's room, and residents had their bedrooms for privacy. For those who shared a room there were screens that could be pulled across the room.

An area for improvement was identified in relation to residents who received meals in the main lounge in the centre. While residents were eating there were other residents directly facing them in the room taking part in activities. Staff were having to lean over residents to support them with eating, due to the limited space available. Later during the lunch it was noted other residents were receiving visitors. The arrangement of residents eating in the lounge while it was being used by other residents did not offer residents privacy while eating. While it was noted there had been no complaints, it could be embarrassing for residents to be receiving support in such a public environment.

Many relatives and friends were seen in the centre, and confirmed they could spend time in private with their relative if that was their relative's wish, although some commented that it could be difficult to find a quiet space if there were a lot of visitors. Relatives and residents commented the open visiting hours really supported them to maintain contact with their loved ones, and felt it was a really positive element of the service offered by the centre.

The independent advocate attended the centre on a regular basis and spoke with people individually. There was also access to the national advocacy agency if residents wanted that, or staff felt it may support the resident.

The centre had links with religious groups in the area and services were held in the centre for residents to attend if they chose to. Rosary was read each morning if residents wished to attend.

Judgment:
Substantially Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet

the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the staffing levels and found there were sufficient staff, with the required skills to meet the needs of the residents who were in the designated centre.

There were two nurses on duty for every shift. The numbers of health care assistants depended on the time of day. There were also kitchen, cleaning and laundry staff every day in the centre. The person in charge was an additional member of staff when on duty. Other members of the management team also spent time in the centre.

There was a planned roster, and an actual roster available, and it accurately reflected the staff in the centre on the day of the inspection.

Staff were seen to be engaging positively with the residents, speaking with them respectfully, offering care and support in the way preferred by the residents. Residents commented that the staff were very kind. Relatives who filled in a questionnaire for HIQA said there were sufficient staff and made comments such as 'staff are pleasant to residents and visitors'.

Inspectors reviewed mandatory training in fire safety, manual handling and recognising elder abuse. All staff had received up to date training. There was a programme of training in place to cover updates for mandatory training, and other areas of practice in relation to the care of older people. For example; nutrition for people with dementia, wound care, and use of continence products.

There were effective recruitment procedures in place in the centre. A total of five randomly selected staff files were reviewed. All of these staff files contained the requirements as per Schedule 2 of the regulations. All nurses employed in the centre were registered with the Nursing and Midwifery Board of Ireland.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Harvey Nursing Home Terenure
Centre ID:	OSV-0000047
Date of inspection:	31/01/2017
Date of response:	28/02/2017

Requirements

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

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

Outcome 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:

Two of the staircases only have one handrail in place. Handrails are required on both sides of staircases.

1. 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

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

designated centre.

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

A second handrail was fitted following the inspection

Proposed Timescale: 08/02/2017

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:

Arrangements for residents to carry out activities in private required review in relation to those taking meals in the main lounge area.

2. 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:

A review was conducted following the inspection to ensure that assisting dining takes place in private away from activities or visitors

Proposed Timescale: 02/02/2017