Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Rush Nursing Home
Centre ID:	OSV-0000155
Centre address:	Kenure, Skerries Road, Rush, Co. Dublin.
Telephone number:	01 870 9684
Email address:	rushnursinghome@mowlamhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mowlam Healthcare Services Unlimited Company
Provider Nominee:	
Lead inspector:	Sarah Carter
Support inspector(s):	Sonia Mc Cague
Type of inspection	Announced
Number of residents on the date of inspection:	51
Number of vacancies on the date of inspection:	5

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 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:
23 November 2017 09:30	23 November 2017 17:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an announced inspection carried out over one day, the purpose of which was to inform a decision of the renewal of the centre's registration. There were 51 residents in the centre on the day of inspection; 49 residents were in house two residents were in hospital. There were five vacancies on the day of inspection.

During the course of the inspection, the inspectors met with residents, visitors and staff, the person in charge and the members of the management team. The views of residents, visitors and staff were listened to, practices were observed and documentation was reviewed. Questionnaires completed by residents and/or their relatives or representatives in preparation for this inspection was also reviewed.

Ten outcomes were inspected against and all were found to be compliant and/or substantially compliant against the outcomes examined. The inspectors found that the care environment was homely and personalized. Staff were welcoming, care and support services delivered to residents was of a high standard. Staff knew residents well and discharged their duties in a respectful and dignified manner. Residents who

spoke with the inspectors and those who completed questionnaires said they were happy, respected, consulted with and felt well cared for by friendly staff.

The management and staff of the centre were striving to improve the quality of care and services for residents. A person-centred approach to health and social care was observed. Meaningful activity and social engagement were promoted. On the day on inspection a sensory group was taking place and a therapy dog visited residents in the secure unit, and a local musician played music for the residents on the ground floor.

Opportunities to engage within the wider community akin to residents previous lifestyles was encouraged and facilitated where appropriate. The local cricket club facilitated visits from residents at weekends.

Residents were well cared for and expressed satisfaction with the care received. They felt safe and confirmed that they had autonomy and freedom of choice. Residents spoke positively about the staff and the service provision. Residents commented on how staffing levels appears to have stabilized and there are less agency staff being employed by the centre.

Reasonable systems and appropriate measures were in place to manage and govern this centre. The person representing the provider and the person in charge and staff team responsible for the governance, management and administration of the service and resources demonstrated an ability to meet regulatory requirements.

The actions required following the last inspection on 30th August 2016 had been satisfactorily addressed.

The findings from this inspection are discussed within the body of the report and actions required are outlined in the action plan at the end for response.

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:
To assess compliance in this outcome the inspector reviewed the Statement of Purpose, dated 8th November 2017, discussed it with the Person In Charge (PIC), compared floor plans with the centre's current environment and observed the environment during a walk around and whilst interviewing residents and relatives.

The inspector found the SOP was accurate and reflected the services offered in the designated centre. The floor plans were also reviewed and detailed a chapel room, however this was converted into a smoking room and has been in use as such. The provider representative agreed to confirm the use of this room as a smoking room following the inspection.

There were five vacancies on the day of inspection. There was an admission planned for the following day. Admission processes were clear, and the age range and gender of residents was defined in the statement of purpose. Thirty three of the current residents were described as having dementia and / or cognitive impairment.

Feedback was given to the management team and person in charge on the day regarding two vacant bedrooms on the first floor (one single; room 38, and a twin; room 42), both needed minor repairs to prepare for admission. All required repairs had been identified in the maintenance log at the beginning of October 2017, and were still required. No immediate admissions were planned for these rooms; this is discussed further in Outcome 12.

The organization structure was clearly described in the statement of purpose. The person in charge and her designate were both recruited earlier this year.

Staffing levels were sufficient for the current residents dependency profiles. There was a small number of staff vacancies and a recruitment plan was in place for same. Staff

levels will need to be reviewed pending the admission of residents with different levels of dependency or an increase in dependency levels amongst current residents.

Judgment:
Substantially Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
The inspector reviewed records of management meetings, discussed structures and line management accountability with the Person in Charge (PIC) and the Assistant Director of Nursing (ADON), who is a person participating in management, and discussed the designated centre with residents and relatives throughout the inspection.

The inspector found that an Annual Review had been completed on 2016 activities, and published in March 2017. There were regular "Home Management Meetings" which gave rise to an action register. The action register covers the areas of residents' issues, documentation and risk management. This was updated regularly and had an identified person responsible for each action. The PIC reported that whilst new in position, she could access the line management structures around her for support and learning, for example, access to operations and healthcare managers.

There was evidence that both residents and relatives are involved in the designated centre. A residents forum, a relatives meeting and food committee had been established. An independent advocate has been involved in residents' meetings and is available to the centre. This is advertised on the residents' notice board. Relatives spoken to throughout the Inspection indicated they were satisfied with communication in the designated centre and felt involved in the organization and of their relatives care. Both residents and relatives spoken to on the day had confidence in the PIC and ADON, and felt their feedback and comments were heard and action would be taken if necessary.

There was evidence that health and wellbeing audits have taken place and have informed practice through the development of different therapeutic activities. The PIC has developed a history group and book club, and both residents and relatives discussed how this was important to them with the Inspector.
The PIC had undertaken a falls audit, and there was evidence that this was informing practice as the number of falls had started to decrease. The ADON had audited restraint

use, and numbers of restraint practices in use were decreasing.

Staff files were reviewed for both recent and established members of staff. There was evidence of a supernumery induction process, and Garda vetting was in place for employees before date of commencement of employment. For staff who were in place for longer than 12 months, there was evidence of staff appraisal.

Rosters were reviewed for the two weeks either side of the Inspection and were accurate. The PIC reported she considers both skill mix and experience when planning rosters, and rotates staff between floors and across day and night shifts.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge (PIC) meets the requirements of the Regulations.

On inspection, the PIC was knowledgeable about residents, relatives and staffing issues. She facilitates relatives' meetings, meetings with nurses, meetings with HCAs, and conducts audits to inform practice. The PIC is actively involved in the provision of therapeutic activities, and had recently commenced a book club and historical society in the centre. The PIC is new to this role and her knowledge of the Regulations and Standards is satisfactory and developing. The PIC reported she is available throughout the day to her staff and this was observed during the day. The PIC attends morning handover and has implemented a midday handover to facilitate team communication. The PIC has also established a link with a Gerontology team from a nearby health service.

All residents spoken to on the day could identify the PIC and were able to articulate that they could approach her with their feedback and requests.
All relatives spoken to during the Inspection reported they felt the PIC had improved theirs and their relatives' experiences in the centre, and they could raise complaints and feedback with her without consequence.

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 were in place to protect residents from being harmed or suffering abuse. There was a policy and arrangements in place which provided guidance for staff to identify and manage or report incidents of elder abuse.

Staff spoken with were fully knowledgeable regarding the signs of abuse, reporting procedures and what to do in the event of a disclosure about actual, alleged, or suspected abuse. The training records identified that staff had opportunities to participate in training in relation to the detection and protection of residents from abuse, and notification received demonstrated the policy and staff knowledge was implemented in practice.

Great emphasis was placed on residents' safety and the inspectors saw that measures had been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment. For example, residents had a choice to lock their bedroom door and had access to all parts of the centre including the internal courtyards and garden areas. The main entry and exit was controlled by the receptionist by day or by staff on duty at night. Exit from the first floor was restricted by a key code as an assessed measure to promote the safety of residents with cognitive impairment. Access between floors was facilitated with staff support.

During conversations with the inspectors, residents confirmed that they felt safe and secure in the centre and well support and cared for by the staff team. Responses within the questionnaires returned also supported these views.

Systems and arrangements were in place for safeguarding residents' finances and property. The administrator and person in charge told inspectors the administrator was the pension agent for five residents. Arrangements were in place and spread-sheets were available to show transactions, invoicing and management residents' finances. The provider representative confirmed that residents' monies were kept in a separate account from the centre/provider's account and maintained centrally by the group. Arrangements to hold petty cash for residents' personal use was facilitated. This was examined and found to be transparent, correct in balance and in accordance with best practice standards with two signatories and a description of transactions undertaken.

A restraint free environment in line with the national policy was promoted. A policy reflecting the national guidance document was available to guide restraint usage. A low rate of bedrail usage by residents was reported (4%). Two residents were using bedrails, one by choice and the other was a restrictive safety measures put in place following a fall and on completion of a risk assessment. Risk assessments had been completed and records of decisions regarding the use of bedrails were available to show the decision was made in consultation with the resident, staff and their general practitioner (GP). Decisions were also reflected in the residents' care plans that were subject to reviews. Discussions with staff, observations in practice and records maintained demonstrated that various alternative equipment such as,] low low beds, bumpers/wedges, sensory alarms and floor mats were available as an alternative to bedrails.

Due to their medical conditions, some residents had responsive behaviours. During the inspection, staff were observed approaching residents in a sensitive and appropriate manner, and the residents responded positively to techniques and approaches adopted by staff. Staff spoken with were familiar with appropriate interventions to use to respond to individual residents responsive behaviour. Behaviour logs formed part of the nursing assessment and care plan process and changes in behaviour were analysed for possible trends and to inform reviews undertaken by the General Practitioner (GP) or psychiatric team. Some improvement was required in relation to the detailing of the behaviour log to ensure the time and relevant details were complete.

Support from the community psychiatry team was available on a referral basis and seen to have been available to residents in a sample of records reviewed.

Chemical restraint had been rarely used in the previous month and the use of as required medicine (a medicine only taken as the need arises) was subject to review by nurses, pharmacist and the GP or psychiatry team. When used, a record to include the rationale and effect was maintained to inform the care plan review. Monthly audits of medicines were carried out to support safe practice.

Judgment:
Substantially 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:
The centre promoted the health and safety of residents and staff in the centre. Risks in

the centre were identified and controls were put in place to manage or mitigate risks.

The centre had policies in place in relation to health and safety and in relation to risk management.

The centre had an in date safety statement that had been signed by a representative of the provider. A risk register was in place for the centre which identified risks within the centre. Risks identified had controls, additional controls, and a risk rating documented. Staff had completed training in health and safety matters relating to manual handling, infection prevention and control, fire safety and food hygiene. All nurses had competed training in cardio pulmonary resuscitation (CPR).

The centre had suitable fire safety procedures in place. Servicing records for the fire alarm system, fire extinguishers and the emergency lighting system were available. The fire alarm was tested weekly and check completed of the means of escape.
An emergency plan was in place which outlined alternative temporary accommodation in the event a full evacuation was required. The centre had the fire procedures displayed throughout the centre.

The inspectors spoke with a number of staff about their role if the fire alarm sounded and all were familiar with the procedure to follow.

The centre carried out fire drills and records available showed they had been carried out on two occasions this year. However, from discussions with staff and the records available it was unclear who had attended fire drills carried out as those present were recorded by their initials. It was also unclear in relation to the scenario simulated regarding the time it took to fully evacuate a compartment from various parts to include night time conditions and evacuation procedures from the first to the ground floor.

All staff had completed fire safety training within the last year and personal emergency evacuation plans were in place for residents. Residents beds examined were fitted with a ski evacuation sheet to aid staff to evacuate the resident in a timely manner if required.

The centre was adequately compartmentalised by fire doors in hallways. All of these doors were on magnetic closing mechanisms that would activate when the fire alarm sounded. Many of the bedroom doors also had a magnetic release that enabled residents the choice to have their door held open. Fire exits throughout the centre were clearly visible and were unobstructed during this inspection.

The inspectors observed infection control practices and saw that hand sanitisers and personal protective equipment were available and used by staff throughout the day. Staff were observed to follow good hand hygiene practices between interactions with residents and records to show residents had been offered and recently administered the flu vaccine were seen in the residents files reviewed

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

Findings:
Residents were protected by safe medicine management policies and practices that included electronic recording of prescriptions, ordering, changes and administration of medicines.

There were written operational policies and safe procedures relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling and checks of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation.

Nursing staff demonstrated and described safe practices in medicine administration and management. Nurses were seen performing good hand hygiene practices between residents.
An inspector discussed the medicine management procedures with nurses and observed practices. Medicines were in the main administered in accordance with residents' prescriptions and recorded as administered following safe administration. However, on the day of inspection, the medicines that were administered to one resident and signed/recorded as taken were not taken for over two hours later. While this was as a result of the resident's choice, the prescription and administration time required review to suit the resident and ensure safe practice and mitigate risks to other residents circulating within the centre.

Systems were in place for ordering, supply and dispensing methods. There were appropriate procedures for the handling, checking, return and disposal of medicines. An inspector saw that controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the beginning and end of each shift in a register by two nurses in keeping with legislative requirements. The safe storage of refrigerated medicines was also found.

The centre had a system in place for recording and managing medicine errors that were rare.

A review of medicines by the resident's general practitioner (GP) was maintained and recorded and checks undertaken by the pharmacist a member of the nursing staff was completed on a monthly basis against orders delivered to promote resident safety.

Judgment:

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

Findings:
Suitable arrangements were in place to ensure resident's wellbeing and welfare was maintained by a high standard of nursing, medical care and allied health care. Some improvements in recording practices were required and discussed below.

From an examination of a sample of residents' care plans, and discussions with residents and staff, the inspectors found that the nursing and medical care needs of residents were assessed and appropriate interventions and/-or treatment plans implemented accordingly.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their medical history, background, care and treatment was available and maintained, and shared between providers and services.

A selection of care records and plans were reviewed. A pre-assessment prior to resident admission formed part of the centre's admission policy and practice seen. There was a documented assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. Social and recreational plans and resident life stories were also completed in a sample reviewed. There was evidence of a range of assessment tools being used to monitor areas such as the risk of falls and malnutrition, cognitive status, mood, mobility status, wounds and skin integrity. Some improvement was required in relation to specific detailing of care plans associated with wound care interventions.

The development and review of care plans was carried out by a named nurse and key worker in consultation with residents or their representatives. However, a record to demonstrate residents and or their representatives/relatives involvement in the review and development of care plans required improvement. Information received on admission also informed care plans. Each resident's care plan was subject to a formal review at least every four months or as changes occurred.

There were no residents reported as approaching the end of life. Arrangements were in place to facilitate advance care directives in a related care plan. Information regarding religious, spiritual and cultural practices or named persons to assist residents in decisions to be made was known by staff and noted in the sample of residents records reviewed.

There were no resident with pressure ulcers, but some had wounds or skin tears. An inspector reviewed the management of wound care and found they were well managed and guided by appropriate policies and procedures.

Audits of falls, incidents, risk management and mobility assessments were maintained. Inspectors found that preventive measures to mitigate any identified risk were in place. Activities such as daily and weekly exercise activities were encouraged to promote movement and strengthen muscles. Physiotherapy and occupational therapy (OT) services were available on a referral basis. Residents had suitable mobility aids, hoists and modified chairs following seating assessments by an occupational therapist or a physiotherapist. Hand rails on corridors and grab rails were seen in facilities used by residents, which promoted independence.

Communication systems were in place to ensure that residents' nutritional and care needs were known by staff supporting residents to eat and drink and to those preparing and serving food. Procedures were in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and risk of malnutrition. Staff were knowledgeable and described practices and communication systems in place to monitor residents that included regular weight monitoring and monitor food and fluid intake. Staff were aware of specific diets and fluid consistency recommended for residents following assessments by speech and language therapists or by a dietician. Assessment and reviews for food and fluid intake and weights were recorded, as and when required, to inform dietician assessments and subsequent reviews.

Good access to dietician and speech and language therapists was seen to be provided on a referral basis based on nursing assessments or changes in a resident’s condition. Residents and relatives who spoke with the inspectors and those who completed questionnaires reported residents were provided with food and drink at times and in quantities adequate for their needs.

Residents were satisfied with the health and social care services provided. Residents had good access to General practitioner (GP) services, and out-of-hours medical cover was provided. Psychiatry services were available to the residents and staff supporting residents. A range of other services was available on a referral basis that included chiropody, audiology, dental and optician services. The review of residents’ records showed that some residents had been referred to these services and results of appointments were written up in the residents’ notes and reflected within their care plans.

Residents were seen enjoying various activities during the inspection. Each resident’s likes and preferences were assessed, known by staff and recorded. Relevant information

was reflected in a care plan and used to plan the weekly and daily activity programme.

A dedicated activity staff member co-ordinated the activity programme that was delivered daily. Other staff supported residents' participation in activities and on day or evening trips. Residents told inspectors they were encouraged to participate in group or individual activities. The weekly programme included a variety of activities such as exercises, sonas, bingo, movies, reading the newspaper aloud, music, dance and live entertainment, baking, prayer and games. Activities were tailored for individuals and the resident group. During the inspection a number of residents were receiving one to one hand massages and life-story conversations while others were engaged in group activities of music, dance and live entertainment.

Much emphasis was placed on residents accessing external functions, outings and events. Residents had access to public or private transport to attend community events and outings.

Religious ceremonies, birthdays and a monthly mass service formed part of the activity programme.

Overall, residents had regular opportunities to participate in fun activities that were meaningful and purposeful to them and which suited their needs, interests and capacities.

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):
No actions were required from the previous inspection.

Findings:
The designated centre has two floors. The ground floor can accommodate 38 residents, in 36 single en suite bedrooms and one twin en-suite bedroom. The first floor, which is a secure unit, has lift access, and can accommodate 18 residents in 14 single en-suite rooms, and two twin en-suite bedrooms.

The bedrooms inspected on the ground floor had been personalized. Dementia friendly signage was in use beside the door frames identifying the residents' name. Residents are offered a choice on whether they wanted their names displayed or not. All en-suite

rooms reviewed on the ground floor had handrails.
Storage rooms were available, as were suitable sluice and laundry facilities. There are two courtyard areas on the ground floor, and both have bedroom windows looking out onto them. The inspector raised concerns about privacy for these residents, and the PIC and provider representative informed inspectors they are plans in place to increase privacy for Residents. This is followed up in Outcome 16.

On the ground floor there were two large activity rooms, and a large lobby area used for large social activities.
The chapel described on the original floor plans is in use as a smoking room, and four residents were identified as smokers. The smoking room was well ventilated, and one smoking apron was in place. No residents were observed in the smoking area by the inspector during the day. The hair salon on the ground floor is also in use as an office space for the activity co-coordinator.

There were storage rooms for equipment. Hoists were available on both floors and hoist, mattress and wheelchair maintenance records reviewed indicated these were all serviced regularly and fit for use.

On the first floor, two vacant bedrooms were inspected. Neither were ready for admissions as they needed some minor repairs. This had been identified in the maintenance log book on Sept. 29th and Oct 4th. There were no admissions planned fo these rooms, however during feedback the provider representative and PIC reported these works would be addressed immediately. The corridor in the first floor area had wall decorations indicting directions to nearby landmarks, bus stops, a post office and a café.

The falling leaves symbol were in use on residents doors, and residents bedroom doors looked like traditional front doors, with door knockers and were brightly colored. There is one communal area on the first floor and this is in use as a day room, activity space, visiting area, dining area and also housed a small desk for a nurses station. This is discussed further in Outcome 16.

There is a call bell system in place, which also has an emergency function, and can be activated from communal areas to attract staff to respond to an emergency.

There is a lift available to travel between floors, and it is jerks during motion.

Judgment:
Substantially 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 consulted with in making decisions around the running of the centre. Residents' rights were respected and their dignity was maintained.

Residents' meetings were held in the centre to discuss various aspects of the running of the centre. The last meeting had the support of an independent advocate and was chaired by the Activity Co-coordinator. The PIC gave a report and update to that Forum.

Residents' religious preferences were met with the support of the local religious orders, and Roman Catholic mass takes place with a mobile alter in the large lobby area.

The inspectors reviewed the activities schedule with the ADON on duty. An activities staff member was rostered five days a week. The inspectors were informed that some physical activities were sourced from an external company and that musicians were also often brought in to play to the residents. On the day of Inspection a local musician was playing to a large group of residents. The activities staff maintained a record of residents' participation in activities on the electronic clinical notes system. A number of residents' files were reviewed and each represented the residents being given a choice and what they participated in. Both the PIC and ADON were also responsible for additional activities including a book club, a historical society and gardening in raised containers.

Some weekend activities were reported by the PIC as taking place, but there was no record of this.

Residents had access to a local independent advocate through an advocacy service; this was advertised on a poster on the Notice board, and the advocate had been present at the previous residents' forum.

Residents had their religious and civil rights respected. The centre has a mobile altar for religious services, and Roman Catholic mass is held monthly in the lobby area. The provider informed the inspectors that there were no residents practicing another faith at the time of the inspection, however in the past the centre had supported residents to access other religious services and would do so again if needed in the future.

All residents were given the option to be registered to vote in the centre

In the first floor communal area, there is a small desk that acts as the Nurses Station. Due to its position in the room, it is possible for Residents and/ or their visitors to see information on other Residents or themselves from the computer screen. Their privacy is compromised by this potential access to their data.

In the first floor, where there are currently 15 residents and three staff, some activities take place separately from the activities on the ground floor in that communal room. The PIC informed inspectors that she has undertaken to have three staff always available on the first floor, therefore residents who wish to access the activities on the ground floor need to be supervised and are transferred by the ground floor staff. The Activity coordinator works between both floors.

Visiting was open except during meal times. Relatives and friends of residents were observed to visit the centre throughout the inspection, in the communal areas and in the residents bedrooms.

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:
There was a suitable number of staff and appropriate skill mix to meet the assessed needs of the residents. Staff had received up to date mandatory training.

The inspectors reviewed the planned and the actual roster for the centre, and observed the staffing levels throughout the inspection. The staffing level and skill mix were suitable to meet residents' needs, and took into account the layout of the building.

Throughout the day of Inspection there were two staff nurses, and eight HCAs working, in addition to the Director of Nursing (also the Person in Charge) and the Assistant Director of Nursing. There was also an activity co-coordinator, three household staff and the receptionist in the centre.

On the night of the Inspection there were two staff nurses rostered to work with three HCAs.

The inspectors reviewed three staff recruitment files. All had copies of the staff

members' vetting disclosure from the Garda vetting unit. The provider also informed the inspectors that all other staff in the centre had been vetted.
The files also had all the requirements as listed in schedule 2 of the regulations. The PIC is responsible for recruitment, and welcomes suitable qualified applicants from the local community. The PIC reports that no volunteers are currently working in the center.

All of the rostered nurses working in the centre had current professional registration with the Nursing and Midwifery Board of Ireland.

The centre maintained a training matrix for all staff employed there. The matrix outlined that all staff had up to date training in fire safety, safeguarding against elder abuse, manual handling and infection control. Additional non mandatory training in the area of supporting residents with intellectual disabilities and dementia has been planned by the PIC for January 2018.

On the day of inspection there were a small number of vacancies. This was an overall reduction in vacancies as in June 2017 the center had eight vacancies. All relatives spoken to on the day of inspection complemented the staff, and welcomed the reduction in the use of agency staff as they reported it provided improved continuity of care.

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:

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Regulation Directorate
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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Rush Nursing Home
Centre ID:	OSV-0000155
Date of inspection:	23/11/2017
Date of response:	15/12/2017

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 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The Original floor plans of the designated centre reference a Chapel Room, however this has been in use as a Smoking Room. the Statement of Purpose lists the Smoking Room details.

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 has been amended to accurately reflect the use of the smoking room. The revised statement of purpose has been submitted to the Authority.

Proposed Timescale: 18/12/2017

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Behavior logs did not include times and other relevant details
that would allow review and analysis by medical practitioners and / or Psychiatry teams.

2. Action Required:
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take:
The Antecedent, Behaviour & Consequence (ABC) chart has been updated to include times of observed responsive behaviours. Staff have now received training on how to complete the revised chart and the implications of its use.

Proposed Timescale: 28/11/2017

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
From discussions with staff and the records available, it was unclear who had attended the fire drills carried out. It was also unclear in relation to the simulated scenario regarding the time it took to fully evacuate a compartment from various parts to include night time conditions and evacuation procedures from the first to the ground floor.

3. Action Required:
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes,

location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:
The fire drill records will include a record of staff in attendance, a description of the scenario, location, response time of staff, time taken to undertake all actions including evacuation from one area of the building to another or from the first to the ground floor; the record will also include an evaluation of actions, timelines, improvements required, learning outcomes and recommendations for future practice. Night time conditions will also be practiced.

Proposed Timescale: 01/02/2018

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:
On the day of inspection, the medicines that were administered to one resident and signed/recorded as taken were not taken for over two hours later. While this was as a result of the resident's choice, the prescription and administration time required review to suit the resident and ensure safe practice and mitigate risks to other residents circulating within the centre.

4. 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:
All nurses will refresh their Medication Competency Assessment to ensure that their skills, knowledge and awareness are up to date, specifically in relation to medication administration times tailored to meet resident's preference were appropriate and taking into account frequency of doses, times between doses and particular medical requirements.

Proposed Timescale: 22/12/2017

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:

Records to demonstrate residents and or their representatives/relatives involvement in the review and development of care plans required improvement.

5. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

Please state the actions you have taken or are planning to take:
Consultation will take place with residents and/or family members as appropriate, to agree a suitable individualised plan of care to meet the assessed care needs for each resident, in accordance with their expressed choices and preferences. There will be a record of such consultation and communication documented in the resident's clinical care record.

Proposed Timescale: 31/03/2018

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Improvements were required to ensure recording practices were in accordance with professional guidelines and standards:
1. The specific details and all interventions associated with wound care plans were not recorded to inform others and ensure consistent continuity of care
2. Reporting on residents status over night was reported too far in advance of the end of nightshift work (8pm).

6. 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:
1. Where wound care plans are indicated, they will be based on an individualised assessment of the resident's skin integrity; the care plan will be implemented based on the type of wound and recommended treatment of the specific wound. The wound care plan will be clear and concise to ensure that the care is delivered consistently and accurately.

2. Progress reports will be documented prior to the end of each shift and will be accurate and up to date.

Proposed Timescale: 27/12/2017

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Repairs to be completed to vacant bedrooms on the first floor to prepare for admissions.

7. 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:
Repairs have been undertaken to the vacant bedrooms on the first floor to ensure that the rooms are ready for admissions.

Proposed Timescale: 01/12/2017

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The lift between the ground and first floor was noted to jerk / jump during use by the inspectors.

8. 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 lift will be serviced to ensure that an improved buffer system is installed to prevent any jerking/jumping of the lift during use.

Proposed Timescale: 31/01/2018

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There was no lockable personal storage available for one of the potential occupants in the vacant twin room on the first floor.

9. 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:
A lockable personal storage drawer will be installed to ensure that both occupants of the twin room have access to their own private storage area.

Proposed Timescale: 31/01/2018

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There was no documented evidence or records for the therapeutic activities of Residents over weekends.

10. Action Required:
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:
There will be a record of all opportunities for residents to participate in therapeutic activities at weekends, in accordance with their expressed preferences and choices. This will be documented as part of the Quality of Life record for all residents.

Proposed Timescale: 20/01/2018

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Residents privacy is compromised in bedrooms around the Courtyard area, as their bedrooms are easily viewed through their windows.

11. 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:
Privacy window screens being will be in place on all windows overlooking the garden area.

Proposed Timescale: 31/01/2018