

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



Centre name:	Churchview Nursing Home
Centre ID:	0126
Centre address:	59/61 New Cabra Road
	Phibsboro Road
	Dublin 7
Telephone number:	01 838 6987
Fax number:	01 814 7499
Email address:	<a href="mailto:marie@harveyhealthcare.ie">marie@harveyhealthcare.ie</a>
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Harvey Healthcare Group
Person in charge:	Marie Neylon
Date of inspection:	10 September 2009
Time inspection took place:	<b>Start:</b> 9:30 hrs <b>Completion:</b> 17:35 hrs
Lead inspector:	Leone Ewings
Support inspector(s):	Brid McGoldrick
Type of inspection:	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled  <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

## About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

**Evidence of good practice** - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

**Some improvements required** – this means that practice was generally satisfactory but there were areas that need attention.

**Significant improvements required** – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website [www.hiqa.ie](http://www.hiqa.ie).

## Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

## About the centre

### Description of services and premises

Churchview Nursing Home is located on a busy road in a number of Georgian-style terraced houses, extended and converted for use as one three-storey building.

The centre has six single bedrooms, nine twin bedrooms, three triple bedrooms and two rooms that accommodate more than three residents. Residents are accommodated on each of the three floors, all of which can be accessed by lift. The centre also has a number of communal areas including living rooms, a dining room, a conservatory, a visitors' room and a nurses' office.

The centre has a small courtyard garden to the front of the building. The main entrance is by means of a stairway leading to the first floor of the building however, there is also an entrance at street-level for wheelchair users. There is a landscaped garden with a patio to the back of the centre which can be accessed from the ground floor.

The centre provides residential care to older people and also to a number of individuals under 65 years of age. The centre provides care for residents with for a range of low, medium, high and maximum dependency requirements.

The centre is part of the Harvey Healthcare Group, which owns a number of residential centres for older people. The providers are directors of Harvey Healthcare Ltd.

### Location

The centre is located on the New Cabra Road, on the north side of Dublin city. There area a number of shops, a bank, a church and a coffee shop located close to the centre. The centre is on a number of bus routes.

<b>Number of residents on the date of inspection</b>	34
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<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	18	12	3	1

## Management structure

The Director of Care for the Harvey Healthcare Group is Noeline Kinnear, she reports directly to the Providers.

The Person in Charge of the centre is the Director of Nursing, Marie Neylon who is responsible for the day-to-day management of the centre. She reports directly to the Director of Care. Staff nurses report to the Person in Charge. Care and housekeeping staff report to the Person in Charge and the staff nurses on duty in her absence.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	6	2	2	1	1

## Summary of findings from this inspection

This was an announced inspection and was the first inspection of this centre by the Health Information and Quality Authority.

In the course of inspection, inspectors spoke with residents, visitors, management and staff. They examined the centre's policies and procedures, care plans and staff files, and observed care practices and medication administration.

Inspectors found that the centre met the healthcare needs of the residents. The person in charge had been in post for six months and had improved a number of management systems. She had communicated these changes to staff effectively.

Staff were seen to be well-informed about the centre's policies and procedures and the Authority's *National Quality Standards for Residential Care Setting for Older People in Ireland*. Inspectors observed staff treating residents with respect and dignity. Visitors were seen to be welcomed and included in the life of the centre. The centre had good quality food and allowed choice to residents at mealtimes.

The providers were present on the day of the inspection. They displayed a positive attitude to inspection and appeared to view it as an opportunity to review practice and implement improvements.

However, inspectors found that the quality of care provided was compromised by the physical environment of the centre. There were inadequate toilet and sluicing facilities for the 34 residents. There were insufficient toilets to facilitate an increase in the number of residents accommodated in the centre. In addition, fire safety was not managed effectively. These and other issues are addressed in the action plan at the end of this report.

The centre was previously registered by the Health Services Executive (HSE) to accommodate 43 residents but at the time of inspection there were 34 residents in the centre.

### Residents' and relatives' comments

Inspectors interviewed ten residents and five relatives. Residents were generally positive about the care provided. In particular, they praised the staff and the quality of the food. Two residents complained of the poor reception on the centre's television and the limited number of channels.

Questionnaires were not distributed prior to the inspection as a result of the short notice given to the centre prior to the inspector's visit.

## Overall findings

### 1. Governance: how well the centre is organised

**Outcome:** The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

**Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.**

#### Evidence of good practice

The centre's mission statement was displayed prominently at the entrance to the centre.

At the time of inspection, the person in charge was in post for six months. She demonstrated a knowledge and understanding of the *National Quality Standards for Residential Care Setting for Older People in Ireland*. and had provided all staff with a copy of the standards.

The person in charge told inspectors that she had implemented a system of audit and review of accidents and incidents. She had also implemented a monthly audit of falls. Inspectors noted that individual risk assessments were being conducted for all residents. The person in charge discussed the centre's systems and processes knowledgeably and also discussed her plans for a review of staffing. Inspectors saw that the administration of the medication management system was regularly reviewed and the person in charge was in the process of developing an audit tool encompassing a comprehensive residents' questionnaire and a staff questionnaire.

Both providers were present for the duration of the inspection. One provider showed inspectors around the centre. The inspectors noted that he was well informed about the centre and appeared to know many of the residents by name.

#### Some improvements required

The centre's statement of purpose was based on the *National Quality Standards for Residential Care Settings for Older People in Ireland* and did not reflect all the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. In addition, the statement of purpose did not contain a clear statement of the range of needs the centre is intended to meet or the number of rooms.

Inspectors found that the register of complaints did not document comments or complaints made at a local level. This was at variance with the centre's complaints policy which required that staff document all complaints upon receipt. Relatives, residents and staff told inspectors that complaints were managed informally at a local level. Inspectors were told by a relative that anything brought to the attention of staff was resolved.

### **Significant improvements required**

Fire safety was not managed effectively. The fire record book did not include checks to emergency lighting. The last documented check provided to inspectors was from September 2008. Inspectors were informed verbally that checks had taken place in the week prior to the inspection however, there was no evidence to support this.

## 2. Quality of the service

**Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.**

**A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.**

### Evidence of good practice

The person in charge had undertaken training in how to train staff to identify and address abuse of older persons.

Inspectors found that staff respected residents' privacy and dignity - an example of which was that inspectors observed staff knocking on residents' bedroom doors and waiting for permission before entering.

Residents were offered a varied and nutritious diet and have a choice of main meal. The centre also has a healthy eating menu cycle in place. The chef knew residents' individual likes and dislikes and had details of any special dietary requirement. Mid-afternoon, residents were offered a snack of fresh fruit, cake or apple tart. Drinks and juices were seen to be available throughout the day.

An activities coordinator, for the group of centres owned by the registered provider, is in place. The activities on offer were detailed on a notice board at the reception.

Relatives were welcomed in the centre. Inspectors were informed that one relative has dinner in the centre every day. Another regularly brings library books to a visually impaired resident.

### Some improvements required

Inspectors examined the bathroom, shower and toilet facilities and found that not all had an accessible privacy lock. Inspectors were told by the provider that work was in progress to address this.

A number, but not all, residents had a safe lockable drawer in their bedroom.

Inspectors observed that there was seating for 28 residents in the dining room. Some residents, who required assistance, ate their main meal in the conservatory overlooking the garden. These residents received appropriate and discreet assistance. However, inspectors observed that meals were served to residents in the



same space where they spend much of the day and as a result have little change of environment to stimulate and meet their needs.

Inspectors saw notices in some residents' bedrooms concerning their dentures, showering and laundry arrangements. This information was displayed above residents' beds which impacted negatively on residents' dignity and privacy.

Equipment for high dependency residents was limited. For example, there was no sit-stand hoist available for residents with high dependency levels.

### **Significant improvements required**

There was no residents' group, or alternative formal mechanism, in place to allow residents to participate in the day-to-day life of the centre or to facilitate the provision of feedback from residents and relatives to centre management.

### 3. Healthcare needs

**Outcome: Residents' healthcare needs are met.**

**Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process, which is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.**

#### Evidence of good practice

A comprehensive pre-admission assessment, involving the person in charge and the group director of care, was undertaken prior to any admission, to ensure that the centre was in a position to provide appropriate care to potential residents. This assessment included liaison with the HSE's social work department and the relevant medical and surgical specialities.

Inspectors were told that the general practitioner (GP) visits the centre regularly. In addition, residents have access to a speech and language therapist, dietician, and chiropodist with follow-up appointments in hospital as required.

Nursing staff used a nursing assessment tool for each resident with individualised care plans were seen to be in place which was seen to be adequate for purpose. A sample of care plans reviewed by inspectors and showed a systematic and detailed approach to establishing residents' healthcare needs. Care plans also demonstrated appropriate communication with residents and their relatives in relation to the provision of healthcare. There were three residents with pressure sores, each had an individualised plan for the management of their pressure sores within their care plan.

Inspectors observed that the residents were appropriately assisted with grooming. Inspectors saw residents taking an interest in choosing their own clothes and were encouraged and assisted in doing this by staff.

#### Some improvements required

A detailed social assessment was not evident to inspectors from the care plans reviewed. It was not clear how the provider was meeting residents' social and personal care needs.

Nursing staff displayed a good knowledge of the centres' practices and policies on medication management and were familiar with the current An Bord Altranais guidelines. However, the centre has no policy on the handling and disposing of unused and out-of-date medicines, on the self-administration of medicines by residents or on the management of residents' medication when they leave the centre for periods.

## **Minor issues to be addressed**

Changes introduced by the person in charge included the use of a new pressure ulcer risk assessment tool for assessing potential residents which differs to the tool used in the centre's nursing documentation.

## **4. Premises and equipment: appropriateness and adequacy**

**Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.**

**A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.**

### **Evidence of good practice**

There was a self-contained garden with seating and other outdoor equipment for residents. It was clear to inspectors that this facility was much used and enjoyed by the residents.

The reception area was open and welcoming. It also acted as a nurses' station. The centre utilised closed circuit television (CCTV) to ensure residents' safety and had appropriate, external, security measures in place.

The centre had a maintenance programme in place. The kitchen store was well kept, clean and hygienic.

### **Some improvements required**

The window immediately behind the toilet cistern in the assisted bathroom is accessible and not restricted from fully opening. As this room is at first floor level this was a potential risk to resident safety.

Some shared bedrooms had insufficient wardrobe space for hanging clothes. In some instances the wardrobe space was not proximate to residents' bed space, in some instances it was not in the same room which negatively impacted on residents' privacy and dignity.

### **Significant improvements required**

There was an insufficient number of toilets to meet the needs of all residents. There were two small toilet facilities on the top floor and one en suite shower room. There was a malodour in the three facilities with each of the toilet bowls seen to be stained. The electrical ventilation system was out of order in one en suite bathroom. Inspectors were also concerned about the adequacy of toilet facilities within the centre. There was no assisted toilet, or sluicing facilities on the top floor.

In one en suite bathroom, inspectors found two large disposal bins, both of which were full. Inspectors concluded that the current arrangement for the disposal of used continence products was inadequate. The placement of the two bins limited access to the sink for hand washing.

The centre's sluicing facilities were inadequate and provided potential for cross-infection. The sluice room was located on the first floor behind the day room. The room was small and had no hand-washing facilities or bedpan washer or macerator. Staff washed their hands in the adjacent assisted toilets. There were no sluicing facilities on either of the other floors.

Sufficient attention was not given to the maintenance of fire safety equipment. Two self-closing doors on the top floor were out of order as were three emergency lights. One of the self-closing doors on the top floor was found to be wedged open, and would not close in the event of a fire. Inspectors were informed that the provider had engaged an external company to survey the premises in relation to fire and safety. This had been conducted in September 2009 and inspectors were provided with written correspondence from the company demonstrating that the necessary work had been requested.

Inspectors observed a number of items inappropriately stored in bedrooms. There was a stainless steel wheeled trolley with hygiene products and continence pads stored in the six-bedded room on the ground floor. A hydraulic hoist was stored under a resident's bed. The storage of such items in bedrooms posed a safety risk to residents and reduced the amount of useable space.

## **5. Communication: information provided to residents, relatives and staff**

**Outcome: Information is relevant, clear and up to date for residents.**

**Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.**

### **Evidence of good practice**

Residents told inspectors that they felt safe in the centre and that if they had a problem, they would know who they could talk to.

Staff were welcoming towards inspectors - they engaged well and seemed happy to discuss their work.

During the day, inspectors observed that there was a good rapport between staff and residents. Staff were respectful and interested in what residents had to say.

Nursing and care staff understood the person in charge's expectations which were communicated to them through staff meetings and audits.

There was a contract/ statement of terms and conditions for residents.

### **Some improvements required**

Before lunch an announcement was made calling staff to the dining room or conservatory to assist with meals. Inspectors found the volume and use of this system for communication with staff intrusive to residents and was not domestic or home-like in character.

## **6. Staff: the recruitment, supervision and competence of staff**

**Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs**

**Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.**

### **Evidence of good practice**

Inspectors found that staff in the centre were committed to providing a high standard of care and administration and demonstrated an awareness of the *National Quality Standards for Residential Care Setting for Older People in Ireland*.

The professional qualification records for staff nurses were on file and were seen to be up to date.

Staff had received moving and handling training and mandatory fire training.

Staff told inspectors that they enjoyed working in the centre which was supported by the low staff turnover in the centre. Staff interviewed demonstrated an understanding of their role and responsibilities and a good knowledge of the centre's policies and procedures.

The person in charge had a training programme in place to train all staff on prevention, responding to suspicion, allegation or evidence of abuse or neglect.

### **Significant improvements required**

Inspectors examined a sample of staff files. The provider followed an internal policy on recruitment. The recruitment policies, procedures and staff records were incomplete and did not meet legislative requirements.

Inspectors examined the staffing rota. There was one nurse and two healthcare assistants on duty at night which was not adequate to provide for the needs of 34 residents with high dependency levels, nor did it take into account fire safety and the size and layout of the building.

***Report compiled by***

Leone Ewings  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

02 December 2009



### Provider's response to inspection report

<b>Centre:</b>	Churchview Nursing Home
<b>Centre ID as provided by the Authority:</b>	0126
<b>Date of inspection:</b>	10 September 2009
<b>Date of response:</b>	30 December 2009

### Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

#### 1. The provider is failing to comply with a regulatory requirement in the following respect:

Adequate precautions are not taken in relation to fire safety. There are a number of maintenance issues that impact significantly on fire safety. A record was not kept of all checks of emergency lighting.

#### Action required:

The provider must ensure that all statutory requirements relating to fire safety are complied with; specifically the provider must ensure that all maintenance issues identified in this report are addressed. The person in charge must ensure that fire and safety equipment checks are conducted and recorded. This should include a daily check that escape routes (including external laneways) are free from obstruction. Provide details of the qualifications and experience of the maintenance provider to the social services inspectorate.

#### Reference:

Health Act 2007  
Regulation 32: Fire Precautions  
Standard 26: Health and Safety

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>Fire safety is of paramount importance to us. All maintenance work, training, internal fire audit inspection visits and daily checks on exits will be documented in the fire Book.</p> <p>Our next staff fire training session will take place on Jan 7th 2010. The qualifications of the fire maintenance and fire training team have been sent to the inspectors</p> <p>Additionally we commissioned an extensive Health and Safety risk assessment and statement for our Nursing Home earlier in 2009</p> <p>At the time of the inspection we had conducted a routine review of the emergency lighting and found that the batteries in three of emergency lights fell short of the three hour test and that two magnetic door holders were faulty. These parts were ordered and the inspectors were shown a letter confirming this on the day of inspection. A letter was also sent to them confirming that this work had been completed shortly after the inspection.</p>	In progress

<p><b>2. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>Sluicing facilities are inadequate. There was one small sluice room with no handwashing facilities or bedpan/ macerator. There was no sluicing facilities on the top floor.</p>	
<p><b>Action required:</b></p> <p>The provider must ensure that adequate sluicing facilities are provided in the centre. This includes the provision of suitable space and equipment.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>Currently we have a sluice room which caters to the needs of the residents. This sluice room has a hopper installed and we will install a wash hand basin as well. The bedpans are washed by a premium</p>	Awaiting feedback from Dublin City Council

<p>product which we believe is the most effective product on the market and we have sent the efficacy sheet of this product's sterilisation qualities to HIQA.</p> <p>We are currently reviewing additional sluicing facilities and have already applied to Dublin City Council for planning permission for changes to the Nursing Home which will include additional sluicing facilities.</p>	
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<p><b>3. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>There was no assisted toilet on one floor where residents were accommodated and residents used commodes at night. The two toilets on the floor were not properly maintained.</p>	
<p><b>Action required:</b></p> <p>The person in charge must review the adequacy of toilet facilities within the centre, given the needs of current residents and the needs of any additional residents. The provider must ensure that toilet facilities are provided in the centre for all residents that meet the Standards.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p><b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>As stated to the inspectors most of the residents on the first floor are ambulant and capable of using the toilet facilities on that floor. Many residents request to have commodes beside them as a comfort factor in accordance with their care plans.</p> <p>Currently we have three toilet facilities on the first floor and one of them is being upgraded to the specifications as the upgraded facilities on the other floors. As previously mentioned we have applied to Dublin City Council for planning permission changes to the ground floor and we have engaged architects to review the layout of this floor to incorporate an assisted toilet facility</p>	<p>February / March 2010</p>

**4. The provider has failed to comply with a regulatory requirement in the following respect:**

The current arrangement for the disposal of used continence wear is inadequate.

**Action required:**

The provider must put in place adequate arrangements for the proper disposal of continence wear.

**Reference:**

Health Act 2007  
Regulation 7: Sanitary Facilities  
Standard 26: Health and Safety

**Please state the actions you have taken or are planning to take following the inspection with timescales:**

**Timescale:**

Provider's response:

We believe that we have more than adequate arrangements for the disposal of used incontinence wear. Currently we have eight Sengenic bins for this purpose. The inspection took place at 9.45am when these bins were in use. A second bin was placed in an en-suite that had been vacated to assist the domestic staff in disposing its contents. This practice has ceased and the proper use of Sengenic bins shown to staff.

Our bathroom facilities are checked regularly and we can confirm that there is no malodour or permanent staining on any of our toilets. As mentioned the inspection took place at time when these facilities had just been used.

Immediately

**5. The provider has failed to comply with a regulatory requirement in the following respect:**

The recruitment policies and procedures are incomplete and do not meet legislative requirements.

**Action required:**

The provider must ensure that recruitment policies and procedures are revised so as to comply with regulations.

<b>Reference:</b> Health Act 2007 Regulation 18: Recruitment Standard 22: Recruitment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The current recruitment policy which incorporates the changes in the Health Act introduced in July 2009 has been sent to the inspectors	Completed

<b>6. The provider has failed to comply with a regulatory requirement in the following respect:</b>  Staff records do not meet legislative requirements.	
<b>Action required:</b>  The provider must ensure staff files include all items as required by legislation.	
<b>Reference:</b> Health Act 2007 Regulation 24: Staffing Records Standard 22: Recruitment Standard 23: Staffing Levels and Qualifications	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The additional information for staff files as stated in the Health Act 2007, introduced in July 2009, has been requested from staff. As many members of staff have been with us for over ten years character references may have to be substituted for previous employment references. We have been informed by the Garda that there is a considerable delay in Garda clearance	In progress, see response

**7. The provider is failing to comply with a regulatory requirement in the following respect:**

The person in charge has not provided written evidence to inspectors that staffing requirements are determined using an assessment tool to plan for and meet the needs of the residents and regularly reviewed

**Action required:**

The person in charge must ensure that the number of staff on duty takes into account fire safety requirements to ensure the safety of residents in the event of fire.

**Reference:**

Health Act 2007  
Regulation 16: Staffing  
Standard 23: Staffing Levels and Qualifications.

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

**Timescale:**

Provider's response:

January

This information was not requested on the day of inspection.

The Director of Nursing and Director of Care are highly experienced in geriatric care and decide the staffing levels for the home based on a number of factors, which takes account of resident numbers, resident dependency levels, qualifications and capabilities of staff, particular requirements of residents, fire safety etc.

The weekly roster has changed significantly over the past year to reflect this and residents' care and comfort has always been at the forefront of these changes.

We will provide the inspectors with the methodology used in our rosters.

**8. The provider is failing to comply with a regulatory requirement in the following respect:**

There is no residents' committee or alternative formal mechanism whereby residents are consulted on an on-going basis about the day-to-day operation of the centre.

**Action required:**

The person in charge should make appropriate arrangements to facilitate residents'

consultation and participation in the life of the centre.

**Reference:**

Health Act 2007  
Regulation 10: Residents' Rights, Dignity and Consultation  
Standard 2: Consultation and Participation

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

**Timescale:**

Provider's response:

The inspectors were informed on the day that efforts had been made to form a residents committee. The first meeting took place in early December

Completed

**9. The provider is failing to comply with a regulatory requirement in the following respect:**

A number of residents do not have a lockable storage space. A number of bathroom and toilet facilities do not have an accessible privacy lock.

**Action required:**

The provider must ensure that each resident has a lockable storage space and that bathroom and toilet facilities have accessible privacy locks.

**Reference:**

Health Act 2007  
Regulation 19: Premises  
Standard 25: Physical Environment

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

**Timescale:**

Provider's response:

We are currently upgrading our bedside lockers which should be completed by February. The toilet privacy locks are also being installed

February

**10. The provider is failing to comply with a regulatory requirement in the following respect:**

The statement of purpose does not include all items listed in schedule 1 of the

regulations.

**Action required:**

The provider must revise the statement of purpose so as to include all items in schedule 1 of the regulations, with particular reference to the range of needs the centre is intended to meet, the number and size of rooms in the centre, and the maximum number of residents to be accommodated.

**Reference:**

Health Act 2007  
Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

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

**Timescale:**

Provider's response:

An updated Statement of Purpose was sent to the inspectors

Completed

**11. The provider is failing to comply with a regulatory requirement in the following respect:**

The centre's medication management policy does not cover handling and disposing of unused and out-of-date medicines, self-administration of medicines by residents and the management of residents' medication when they leave the centre for periods.

**Action required:**

The person in charge should review the centre's medication management policy and practices to cover handling and disposing of unused and out-of-date medicines, self-administration of medicines by residents and the management of residents' medication when they leave the centre for periods.

**Reference:**

Health Act 2007  
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

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

**Timescale:**

Provider's response:

Completed



<p>The inspectors have been sent policies covering disposing of unused and out-of-date medicines, self-administration of medicines by residents and the management of residents' medication when they leave the centre for periods.</p>	
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<p><b>12. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The window in the assisted bathroom on the first floor is not restricted and is accessible from the toilet cistern.</p>	
<p><b>Action required:</b></p> <p>The person in charge should undertake a risk assessment in relation to the window above the toilet in the assisted bathroom behind the main lounge.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007 Regulation 19: Premises Standard 25: The Care Environment</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>This has been rectified</p>	<p>Completed</p>

<p><b>13. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The centre's television has two channels.</p>	
<p><b>Action required:</b></p> <p>The person in charge should ensure that residents have sufficient access to television programmes.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007 Regulation 11: Communication Standard 20: Social Contacts</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>

<p>Provider's response:</p> <p>Services from the cable company were temporarily disrupted, which was beyond our control and this was mentioned to the inspectors on the day. The service has resumed.</p>	Completed
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<p><b>14. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>A detailed assessment of residents' social and personal care needs was not evident in residents' care plans.</p>	
<p><b>Action required:</b></p> <p>Individual care plans should be revised to include a details assessment of the social and person care needs and preferences of the resident and how they will be met. The care plans should detail how the needs and preferences for daily activities are to be met by the provider.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 8: Assessment and Care Plan  Standard 11: The Resident's Care Plan</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>As stated to the inspectors at the time, we have a dedicated activities co-ordinator who has already conducted regular surveys of the residents' preferences and social needs. We have now asked her to ensure that these discussions are documented</p>	Completed

## Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 1: Information	<p>The person in charge ensures that staff wear name badges.</p> <p>Provider's response: We already explained to the inspectors that staff were issued with name badges but they irritated some of the residents and were removed at the residents' request</p>
Standard 6: Complaints	<p>The person in charge ensures that there is a clear complaints procedure in an accessible format and prominently displayed that outlines the process and timescales involved with making a complaint.</p> <p>Provider's response: The updated complaints procedure was sent to the inspectors</p>
Standard 25: The Care Environment	<p>The person in charge conducts a review of equipment needed in the centre to meet the needs of residents, specifically the need for a sit-stand hoist.</p> <p>Provider's response: Equipment was reviewed and a sit stand hoist is now in use</p>
Standard 25: The Care Environment	<p>The person in charge reviews the size, and proximity to bed space, of the wardrobe space that is available to residents in shared bedrooms.</p> <p>Provider's response: All wardrobes were always located in residents' room with sufficient hanging space. One resident has her wardrobe located by a wall behind her bed and is very comfortable with this arrangement.</p>
Standard 4: Privacy and Dignity	<p>That the person in charge ensures that information pertaining to residents' needs is not displayed on bedroom walls. Information relating to the care of residents should be conveyed to staff in a manner that protects the privacy and dignity of the resident.</p> <p>Provider's response: Shower lists have been removed</p>

**Any comments the provider may wish to make:**

**Provider's response:**

We would like to thank the inspectors for the report and all the positive comments regarding the standard of care they witnessed in Churchview Nursing Home and the quality of care shown by our staff. We would also like to thank the inspectors for acknowledging the improvements and leadership already shown by our recently appointed Director of Nursing.

We welcome HIQA and the inspection process and found that the inspectors to be polite and courteous on the day. We were a little disappointed to find that certain items included in the report that, if discussed, might have been resolved on the day and the context of other items that if included might have painted a different picture of our home to the reader. These matters, however, have been addressed in our action points in the report

**Provider's name:** Seamus Brady

**Date:** 30 December 2009