Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people

Centre name:	Rush Nursing Home
Centre ID as provided by the Authority:	155
Centre address:	Kenure Skerries Road, Rush Co Dublin
Telephone number:	01 870 9684
Fax number:	01 8709611
Email address:	rushnursinghome@mowlamhealthcare.com
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Mowlam Healthcare
Person in charge:	Heather Carter
Date of inspection:	30 August 2009
Time inspection took place:	**Start: 09:30 hrs** **Completion: 17:15 hrs**
Lead inspector:	Sheila Mckevitt
Support inspector(s):	Leone Ewings
Type of inspection:	☒ Announced ☐ Unannounced
Purpose of this inspection visit	☐ Application to vary registration conditions ☐ Notification of a significant incident or event ☐ Notification of a change in circumstance ☒ Information received in relation to a complaint or concern

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 four 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.

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

Rush nursing home is a two storey purpose built facility which opened in July 2005. The home is registered for the care of 56 residents. There are 48 residents living in the centre, with one resident receiving respite care.

Accommodation for residents is divided between two floors. Access from the first floor via the stairs or lift requires a keypad code. There is capacity for 18 residents on the first floor, with 13 rooms currently occupied. The first floor consists of two twin and 14 single bedrooms, all of which are en suite. There is a large combined dining/sitting room and kitchenette which looks out over the landscaped grounds.

The ground floor consists of 36 single and one twin bedroom all of which have en suite facilities. This floor consists of a large dining room, two enclosed sitting rooms and an open sitting area in the front foyer which is frequently used by residents and relatives.

There are two internal courtyards accessible to residents from the ground floor, one of which is directly accessible from the smoking room. Both areas are safe for use by residents and are pleasantly decorated with use of potted plants, garden seating and tables.

Location

The centre is situated off the main street of Rush village. It is located in the cul-de-sac of a well-established residential area. There is a cricket club opposite the centre.

Date centre was first established: DAY/MONTH/YEAR	21/07/2005
Number of residents on the date of inspection	49

Dependency level of current residents	**Max**	**High**	**Medium**	**Low**
Number of residents	3	16	21	9

Management structure

The Registered Provider is Mowlam Healthcare. The Director of Nursing is the person in charge of the nursing home. She is supported by the Assistant Operations Manager who is responsible for four of the Group's centres, inclusive of Rush nursing home. There is a clinical nurse manager who supports the person in charge in the clinical area. Each nurse is allocated designated residents per shift. Care staff report directly to the nurse responsible for the resident to whom they provided care.

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	3	6	3	3	1	1

Background

The inspection was a scheduled, announced inspection triggered as the result of a concern received by the Authority. The inspectors focused on four specific areas: governance, quality of care, healthcare needs and staffing. These four domains were specifically focused on as they covered the general care issues contained in a letter of complaint received by the Authority prior to the inspection. The issues in it were fully explored during the inspection.

The provider had, at the request of the Authority and prior to the inspection, undertaken an investigation into the issues raised by the complainant. The Authority was satisfied that the centre's complaints process had been adhered to in that the provider had issued a written response to the complainant as per the centre's complaints policy.

Summary of findings from this inspection

The inspectors were satisfied that the nursing, medical and other healthcare needs of residents were met and the nursing care was of a high standard.

Residents were aware of, and offered, choice in all of their daily routines. Residents' choices were seen to be acknowledged and respected. There was a well developed activities schedule in place for residents, along with an active residents' committee and a monthly residents' forum. The forum was used for voting on any decisions affecting residents.

There was a good standard of décor throughout the centre. Residents' bedrooms were clean and tidy. Corridors and all communal areas were clean and free from obstruction.

The action plan at the end of this report identifies areas where improvements were required to meet the requirements of 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, such as updating the policies, medication administration, supervision of new staff and training for new staff.

Residents' and relatives' comments

Residents

The inspection team received nine completed resident questionnaires and interviewed six residents. An inspector joined the residents for lunch and also obtained views from residents throughout the day.

Residents in general felt well cared for by staff and described staff as being "wonderful", "friendly", "kind and considerate", "attentive" and "very affectionate". They stated that they felt safe "because the place was well run" and "I can do everything I want" and "if I need help I only have to ask".

Residents stated they really enjoy the wide and varied range of activities particularly the bingo, bowling, story telling and afternoon movies. One resident stated she loved reading the daily newspaper and spending time alone, which staff respected. Another resident stated that she loved to pat the dog. The activity therapist was described by residents as “first class”.

Residents stated that there was nothing they would liked to have improved in the centre stating, for example: “I think its great”, “ just a gem of a nursing home”, “perfection, I would not find any place better then here every one knows that this place is wonderful “.

Residents stated that they could complain to any member of staff as they all listened, but would tell the manager or the activity therapist specifically if they had a complaint.

Relatives

Ten questionnaires, completed by relatives, were returned in advance of the inspection. In general, relatives felt that their family members were provided with a high standard of nursing care. They were satisfied that they were kept informed of their relative’s condition and that their relative received regular reviews from medical personnel and associated healthcare services.

The overall feedback was that residents had a choice to plan their activities and making decisions in the centre. Two relatives stated that their relatives can choose what activities they want to do.

The involvement of all family members, young and old, in the life of the centre was a common theme. Feedback indicated that visiting is encouraged at all times other than meal times. Many of the relatives spoken to on the day of inspection visited daily. They spoke highly of the staff and their relationship with the residents. However, one relative commented that “some of the night staff are not very respectful”.

Relatives identified the manager as the person they would complain to. However, nobody interviewed had any complaints. On the whole, relatives said they felt that the staffing numbers were adequate and that there always appeared to be staff on duty in the centre. One relative described the staff ratio as “second to none” however another relative stated there appears to be a lack of staff between 6.30 and 7.30 pm.

One comment on a questionnaire captured the overall feedback received by the inspection team from residents and relatives interviewed, and by those who completed the questionnaires, it stated “I was so impressed with the care that my mother was getting that I moved my aunt in when the opportunity arose”.

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

There was evidence of a well organised management structure in the centre. The person in charge worked full-time. When she was not on duty the clinical nurse manager had overall responsibility for the running of the centre. There was a staff nurse in charge on the weekends. Staff spoken to had a clear understanding of the management structure and could describe their roles and responsibilities.

A statement of purpose was given to the inspection team on arrival and was seen to fulfil all regulatory requirements. In addition to the statement of purpose, a brochure and information leaflets were seen to be available throughout the centre, to residents and their relatives.

All care practices observed throughout the inspection demonstrated the commitment of staff to providing a high standard of resident-centred nursing care.

A detailed account of all accidents and incidents that occurred was kept. The documents reviewed by inspectors demonstrated that all accidents/incidents were audited on a three-monthly basis and further action had been taken where appropriate to prevent accidents/incidents re-occurring.

There was a health and safety statement, specific to the centre, and each area had been risk assessed. All residents who were identified as being at risk of falling had risk assessments completed. There was also a fall management plan in place.

Staff were aware of the emergency plan and what to do in the event of a fire. There was evidence that regular fire drills took place within the centre.

The centre's administrator provided detailed accurate records of financial records for residents.

Some improvements required

Although all policies were available as per Schedule 5 of the Health Act 2007 (Care and Welfare in Designated Centres for Older People) Regulations 2009, and had been updated within the three year timeframe, the complaints policy and recruitment policy require further updating to ensure they meet all legislative requirements.

A written record of all complaints made, investigations and outcomes was kept and there was evidence that they were dealt with in accordance with the centre's complaints policy. However, this complaints policy was not in line with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

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

Inspectors found that staff had a detailed knowledge of residents, and used this knowledge to assist each resident with their daily routine, ensuring his/her preferences were met. Inspectors were informed that a number of residents had chosen to vote, by means of a postal vote, in a recent referendum, while other residents would attend the polling station.

The variety, quality and presentation of meals were of a high standard – an inspector sampled the food during the inspection and confirmed that it was of a high quality. Residents expressed satisfaction with the food and the dining experience. The chef was aware of their likes and dislikes. There was a six-week menu cycle. Staff were available in the dining room during meal time.

The reception area was bright and decorated with photographs. Daily national newspapers were available along with local papers, which were used as a source of information about local activities. Activities predominantly took place on the ground floor.

A review of residents' records confirmed that a detailed social assessment was in place, informing care provision and social activities. An activities manager works full-time at the centre. She plans and coordinates a weekly activities programme which is tailored to meet the needs of residents on an individual and group basis and includes provision for meeting the needs of residents from the centre's dementia unit. Residents and relatives told the inspectors that they were satisfied with the programme of activities available and inspectors observed residents participating in a number of activities.

Relatives spoke of taking their family member to concerts or restaurants. Weekly music sessions and poetry readings were also held in the centre. Residents explained that they had a choice to go out, or participate in an activity in the centre. One resident enjoyed a recent visit to the cricket club and commented "I enjoyed the music".

Relatives were encouraged to play an active part in the lives of residents. Provision for their participation in the planning and provision of care was in place. An elected residents' committee meets on a monthly basis. Meetings were minuted and were available for review by inspectors. A residents' forum was also used as a method of information-giving and to facilitate the inclusion of residents. A local politician had attended as a guest at the last forum and residents said they had a lively debate "Fair Deal" and other issues.

Two volunteers from a local disability centre assist the activities coordinator on a weekly basis.

Inspectors observed that the privacy and dignity of residents was respected. Staff respectfully addressed each resident and when entering residents' rooms were seen to knock and wait for a response before entering.

The majority of staff had received training in the detection and reporting of elder abuse. Staff interviewed had appropriate knowledge of the topic, and further training was planned for the remaining staff.

Minor issues to be addressed

The public telephone was located in the downstairs open-plan sitting area of the foyer which does not allow for residents to use it in private.

Wheeled trolleys used by staff in the dining area to transport food were noisy.
Jugs of orange drink was the only drink available on all dining tables at meal times which did not allow for choice.

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 that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Residents had access to a general practitioner (GP) of their choice as GPs from the local area of Rush and Skerries attend residents who live in the centre as required. On the day of the inspection, a GP was present and visiting a number of residents in their rooms. Residents and relatives were kept informed of their health progress, with one relative confirming this to inspectors, stating: "I am kept up to date". Staff informed families about changes in the health-status of residents. Documents reviewed by inspectors confirmed this.

Communication between the hospital and the centre was good and written records, including both nursing and medical discharge reports, were in resident files.

The person in charge was seen to promote evidence-based practice with a number of systems in place to support this including risk assessment for falls, moving and handling, nutrition and pressure area prevention and control.

Nursing assessments, care plans and an ongoing nursing narrative were recorded electronically. Each resident also had a multidisciplinary record file. Inspectors reviewed a sample of these files and accessed the electronic nursing records. These records were found to be reflective of residents' needs.

Access to physiotherapy, chiropody and dietetics was evident in the resident files reviewed. Peripatetic services were documented at the centre, both in relation to care and treatments given and residents and relatives are consulted regarding their treatment programmes.

The centre has arrangements with a pharmacist who dispenses and collects medication. The pharmacist also undertakes audits of medication at the centre, and the person in charge undertakes review and audit of medication practice.

The nursing staff administer medication mainly using a blister-pack system. A recent change in practice has involved discontinuing the practice of dispensing medication at mealtimes, unless this is required for a particular drug. This change has enabled residents' time to enjoy their meal without interruption.

Significant improvements required

Inspectors reviewed a sample of medication administration charts used at the centre. A number of issues were identified relating to the design and content of the medication chart in use. Inspectors were informed by the operations manager that this was a new chart, and while clear guidance was in place with regard to the use of the chart as part of the medication management policy, the practices observed by inspectors relating to the use of the chart in many cases did not reflect this.

The current signing sections of the medication charts are ambiguous – the General Practitioner's (GP) signature was seen to be recorded in the wrong place, and a section (specified for the use of GP instructions and signature) was seen to be used by a transcribing nurse. This lack of clarity has the potential to lead to an error occurring in medication administration.

The specific time for administration of medication is not recorded and is not reflective of when medication is administered. There is no formal record of the actual time of administration which is necessary for medication review.

A number of residents required their medication to be crushed. The centre's policy regarding crushing of medication states a consent form must to be signed by the GP indicating permission and the reason why it is necessary. A number of drug charts had "permission given by Dr X to crush medications as required" but the written prescription to crush was not available when the nurses were administering the medications.

Minor issues to be addressed

The electronic records system did not always reflect the names of the responsible primary nurse for each resident.

4. 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

A monthly staff roster was available for all staff working in the centre. This demonstrated a good skill-mix of staff on duty over a 24-hour period. The rota was also seen to take into consideration relevant factors such as fire evacuation, the layout of the centre on two floors, resident numbers, differing levels of resident dependency, staff qualifications and training.

Residents expressed that they were very happy with the staff and from interactions observed during inspection, it was evident that there was an excellent rapport between staff, residents and relatives.

Staff wore name badges. Residents were aware of staff names and were able to identify their role by the different coloured uniforms they wore. Staff worked 12 hour shifts which supported good continuity of care for residents.

All staff spoken to stated they had received adequate training opportunities through internal and external education days. There was an ongoing programme of staff training including manual handling, fire safety, food safety, dementia care, elder abuse and nutrition. The centre provides FETAC Level 5 for all carers it employs. A large number of both full-time and part-time carers employed have completed this training.

Staff have annual performance reviews completed with the person in charge.

Each staff nurse has been given responsibility for assessment and care planning for a number of residents.

Some improvements required

New staff are allocated a mentor for their first week of employment and are allocated their own workload thereafter. There was no further formal mentoring/supervision in place after this first week.

Training needs were not specific to staff members' roles within the centre. A member of the kitchen staff had not received any training in food hygiene.

Evidence of the use of pencil was observed on some centre records.

Significant improvements required

Two individual staff files were reviewed and it was evident that although staff were interviewed, given a job description and had signed a contract prior to being employed, Garda vetting, copies of birth certificates or three references were not available.

Minor issues to be addressed

There was no written record kept of meetings between the person in charge and the staff member at the end of his/her six month probationary period.

Report compiled by:

Sheila Mckevitt
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

22 October 2009

Health Information and Quality Authority
Social Services Inspectorate

Action Plan
Provider's response to inspection report

Action Plan - Provider's response to inspection report

Centre:	Rush Nursing Home
Centre ID (if known):	155
Date of inspection:	30/09/2009
Date of response:	22/10/2009

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: Personnel files did not contain copies of birth certificates, three references, or Garda vetting documents.	
Action required: Ensure all employees personnel files contain the documents as outlined in the legislative requirements referenced below.	
Reference: Health Act 2007 Regulation 18: Recruitment Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We have not employed any staff since the 1st of July 2009 and	Work in progress

therefore these documents are not mandatory in the personnel files. We have retrospectively asked all staff to furnish us with a copy of their birth certificate and a recognised form of photographic identification. Garda vetting is being sought through NHI on a retrospective basis in line with best practice. All new staff are required to sign a declaration stating that they are of good character and that they know of no reason preventing them from being employed in the care of the elderly sector. In the future all new employees will have to furnish us with 3 references as per regulations.	3 months On going

2. The provider is failing to comply with a regulatory requirement in the following respect: Medication administration charts currently in use are being used in a way that is inconsistent with the centres policy and is not in line with An Bord Altranais "Guidelines on medication management" (July 2007).	
Action required: Ensure that all medication records meet the regulatory requirements set out in the current legislation as referenced below.	
Reference: Health Act 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Regulation 22: Maintenance of Records Standard 14: Medication Management Standard 15: Medication Monitoring and review	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We accept that the current medication administration charts are ambiguous and at present new medication administration charts are at the printers. These will include the time of administration of medication in line with An Bord Altranais medication administration guidelines. They will also be much clearer in their format in regards to the signing for and discontinuation of medication by the G.P. The consent form for crushing medication is now attached to the medication administration charts.	December 2009 Completed

3. The provider has failed to comply with a regulatory requirement in the following respect: The person in charge shall ensure all staff members are supervised on an appropriate basis pertinent to their role.	
Action required: Supervision of new staff be extended for longer then one week to ensure all learning needs can be identified and met.	
Reference: Health Act 2007 Regulation 17: Training and staff Development Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take following the inspection with timescales:	**Timescale:**
Provider's response: Our induction policy has now been updated. In future, as well as an allocated mentor for the first week of employment, when a new staff member is supernumerary, they will be allocated a mentor at the start of each shift until their period of probation is completed. In addition to this there will be a formal interview with the new staff member halfway through their probationary period, at 3 months and on completion of their probationary period, at 6 months. These interviews will be documented and kept on record in the personnel file.	Completed/ Ongoing

4. The provider has failed to comply with a regulatory requirement in the following respect: All training received by staff was not pertinent to their role.	
Action required: Ensure all staff receive training that is pertinent to their role.	
Reference: Health Act 2007 Regulation 17: Training and staff Development Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take following the inspection with timescales:	**Timescale:**
Provider's response: Training that is pertinent to the role of all staff will be completed within their 6 month probationary period.	January 2010

5. The provider has failed to comply with a regulatory requirement in the following respect: Staff nurses were not recording in accordance with An Bord Altranais "Recording Clinical Practice Guidelines" 1st Edition - November 2002.	
Action required: Ensure all staff entries in residents and related documents is in accordance with relevant professional guidelines.	
Reference: Health Act 2007 Regulation 25 : Medical Records Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take following the inspection with timescales:	**Timescale:**
Provider's response: All records have now been audited and updated as required. An audit of two resident's documentation is undertaken weekly by the person in charge.	Completed

6. The provider has failed to comply with a regulatory requirement in the following respect: All the written and operational policies listed in Schedule five were not available	
Action required: Develop and implement all written and operational policies currently not available in Schedule 1.	
Reference: Health Act 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems	
Please state the actions you have taken or are planning to take following the inspection with timescales:	**Timescale:**
Provider's response: The operational policies listed in schedule 5 are presently being revised and will be in use by the end of December 2009.	December 2009

7. The provider has failed to comply with a regulatory requirement in the following respect: The operational complaints policy does not meet the legislative requirements.	
Action required: Review and update the current operational complaints policy to ensure it meets all the legislative requirements referenced below.	
Reference: Health Act 2007 Regulation39: Complaints Procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take following the inspection with timescales:	**Timescale:**
Provider's response: The complaints policy is currently under review to ensure it is in line with the regulations set out in the Health Act 2007.	December 2009

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 20 Social Contacts	Consider moving public telephone to more private area of the centre.
Standard 19 Meals and Mealtimes	Consult with residents regarding choice of drinks they would like to be provided at lunch time.
Standard 24 Training and Supervision	Consider keeping a record of all staff probationary meetings.
Standard 25 Physical Environment	Provide maintenance to wheels of trolleys used in dining room.
Standard 30 Quality Assurance and Continuous Improvement	For the purpose of quality control the person in charge should audit the epic care system thus ensuring that inaccuracies are acted upon and preventable measures put in place.

Any comments the provider may wish to make:

Provider's response: The management, staff, and residents of Rush nursing home would like to thank the 2 inspectors who were both pleasant and professional to all. With regards to the recommendations the following action has been taken:

- The public telephone has been moved to a more private area.
- Orange and water is now available at every table at lunchtime. In addition to this residents may have other drinks if they so wish.
- All staff probationary meetings will be recorded from now on.
- The wheels of the trolleys have been serviced. In addition, traffic through the dining room at mealtimes has been re routed.
- As previously stated 2 resident documentation audits are carried out weekly.

Provider's name: Mowlam Healthcare
Date: 9 November 2009