

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



Health  
Information  
and Quality  
Authority

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

<b>Centre name:</b>	Swords Nursing Home
<b>Centre ID:</b>	0181
<b>Centre address:</b>	Mountambrose
	Swords
	Co Dublin
<b>Telephone number:</b>	01-8900089
<b>Fax number:</b>	01-8901089
<b>Email address:</b>	swords@mowlamhealthcare.com
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Mowlam Healthcare
<b>Person in charge:</b>	Geraldine O'Hora
<b>Date of inspection:</b>	22 October 2009
<b>Time inspection took place:</b>	<b>Start:</b> 08:40hrs <b>Completion:</b> 18:00hrs
<b>Lead inspector:</b>	Aileen Keane
<b>Support inspector(s):</b>	Marian Delaney Hynes
<b>Type of inspection:</b>	<input type="checkbox"/> <b>Triggered</b> <input checked="" type="checkbox"/> <b>Follow up</b> <input type="checkbox"/> <b>Announced</b> <input checked="" type="checkbox"/> <b>Unannounced</b>

## About the inspection

Additional inspections take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required by the provider has been taken
- following a change in circumstances, for example, following a notification to the Social Services Inspectorate (SSI) that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- to randomly "spot check" the service.

All additional inspections can be announced or unannounced, depending on the reason for the inspection, and may take place at any time of day or night.

All inspection reports produced by the SSI will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

## Purpose of this inspection visit

- Follow up to previous inspection findings
- An application by the provider to vary conditions
- Notification of a significant incident or event
- Notification of a change in circumstance
- Information received in relation to complaint or concern
- Other \_\_\_\_\_

## Background

Swords Nursing Home was first inspected by the Social Services Inspectorate of the Health Information and Quality Authority on 30 July 2009. Inspectors found that the centre failed to comply with 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* in a number of areas. An action plan containing six items for immediate attention was issued to the provider by the Authority on 5 August 2009.

A further unannounced inspection took place on 9 September 2009 which focused on reviewing the six actions issued to the provider on 5 August 2009 and found that appropriate actions had not been undertaken in order to effectively address the issues. While the health and safety of residents and staff during cleaning and the storage of clinical equipment had improved, actions relating to fire safety, overcrowding in the day room and moving and handling practices has not been sufficiently addressed.

The inspection team met with the provider, person in charge and the regional manager of Mowlam Healthcare on 17 September 2009 to discuss the immediate and sustainable improvement required in the management of the centre in order to address the actions outlined in the report. The revised fire policy, risk assessments, and evidence of staff training on this policy were submitted by the provider to the Social Services Inspectorate of the Authority on 30 September 2009.

This inspection report outlines the findings of the follow-up inspection that took place on 22 October 2009. This inspection was unannounced and reviewed all 20 actions detailed in the report of the 30 July 2009 inspection, which is available on the Authority's website, [www.hiqa.ie](http://www.hiqa.ie).

## Summary of findings from the follow up inspection

The person in charge has changed since the last inspection. The regional manager, Geraldine O'Hora, is now the person in charge and is working full-time at the centre.

The inspectors reviewed the progress of the actions agreed with the provider to address the issues outlined in the report of the 30 July 2009 inspection.

While a number of the actions had been implemented, there were some actions which were not fully implemented.

The inspectors found that fire safety measures, overcrowding of the day room, moving and handling of residents and safe cleaning practices had improved. The review and

updating of care plans and medication has commenced. However, the progress on these matters has been slower than outlined in the timeframes set by the provider in response to the inspection report. While labelling and ironing equipment has been ordered for the laundry a more active approach is required to ensure unlabelled or missing clothing are returned to residents in a timely manner.

While improvements have been achieved, continued monitoring and evaluation will be required to ensure residents' safety.

## Issues covered on Inspection

**1. Action required from previous inspections: *Introduce procedures to ensure that all fire safety measures are being met throughout the day and night in the nursing home.***

The inspectors reviewed the updated fire management policy which was introduced on 28 September 2009. A record was made of staff who had read and understood the policy and it was reviewed. Inspectors noted that 46 of the 60 staff listed had read the policy. Those that had not read the policy were on leave. One fire training session had taken place and another had been booked for November 2009.

The training monitoring spreadsheet was seen to have been updated to include the dates individual staff attended training in order to more effectively monitor the requirements for future updating of mandatory training.

Monthly fire drills have been commenced and there was a record of one occurring on 25 September 2009. The fire register was up to date and included records of twice-daily checks of fire exits to ensure they were clear of obstacles. There were weekly records that fire doors and emergency lighting were functioning. The quarterly monitoring and servicing of the fire panel and fire fighting equipment such as fire extinguishers had taken place on 7 October 2009. The inspectors noted that all fire exits were clear throughout the day and staff clearly explained their roles and responsibilities in the event of a fire.

**2. Action required from previous inspections: *Protocols are to be put in place to ensure the safe movement of residents, staff and visitors throughout the nursing home during cleaning.***

The inspectors observed the communal areas, such as the sitting room and circular foyer, being cleaned early in the morning before the majority of residents came to these areas. The hazard signs were clearly and appropriately placed in all areas during cleaning to ensure staff and residents were aware of the risk of wet floors. Following cleaning, there was no residual excessive surface water on the floor. Training records reviewed showed household staff had received training on the correct safety measures to be taken during cleaning. They had also received training in the control of substances hazardous to health (COSHH). The cleaning policy had been updated to include this information.

**3. Action required from the previous inspections: *Implement the “Challenging Behaviour” policy in full and develop individual assessment and individual intervention plans for all residents who present with behaviour that challenges.***

Ten staff had received training on managing behaviour that challenges and a further training day had been arranged for 16 more staff. Staff who attended this training reported that it was very informative and had provided them with a better understanding on how to manage the needs of residents who present with behaviour that challenges. Assessments and care plans related to this issue were reviewed and were found to be of better quality than on previous inspections. Records for monitoring antecedent behaviours and interventions to manage behaviour were reviewed and found to be satisfactory. The inspectors observed staff interacting and managing residents’ behaviours in line with the care as outline in the care plan.

**4. Action required from the previous inspections: *Introduce measures to ensure that all clinical equipment is maintained, handled and stored in a hygienic manner.***

A named staff nurse has been given responsibility for reviewing and ensuring that clinical equipment was maintained, handled and stored in a hygienic manner. This nurse was not on duty but there was a checklist which recorded the dates of cleaning and replacement of oxygen masks and tubing – the inspectors found they were clean and stored appropriately.

**5. Action required from the previous inspections: *The nursing home is to put arrangements in place to address the issue of overcrowding in the day room.***

Staff were allocated to supervise residents in the sitting room throughout each day. Some furniture had been removed from the sitting room and circular foyer area which increased the room available for residents, especially those with specialist chairs. The dining room layout was adjusted to include a small seating area with couches and coffee table. The small sitting room, previously used as an activities room, was used by residents throughout the day for watching television or reading the newspaper. Activities were facilitated in different rooms throughout the day. This included the sitting room, the central circular foyer and the dining room. Staff interviewed were aware of the risks associated with overcrowding of the sitting room and been informed of the importance of managing the numbers of residents who use the room at any one time.

The use of all the available communal areas by residents had effectively addressed the overcrowding in the day room.

**6. Action required from the previous inspections: *Establish best practice procedures in the moving and handling of residents, to include assessment of residents, individual moving and handling plans, staff training and monitoring of practice.***

Staff had received updated training in moving and handling. Residents had moving and handling-risk assessments completed and the inspectors observed improved practices in moving residents. A staff member has been nominated to train as a manual handling instructor. However, this training course has not yet been booked.

**7. Action Required from the previous inspections: *Put in place procedures and practices for the accurate recording of prescriptions and administration of medication and the full review of each resident's medication by a medical practitioner.***

The medication prescriptions reviewed by the inspectors were signed by a general practitioner (GP) and this included a signature when medication was discontinued. The inspectors observed the nursing staff administering medications in accordance with An Bord Altranais guidelines. The clinical nurse manager explained the process of checking the monthly medications received from the pharmacy against the medication prescription. She said that on completion the nurse ticks the blister pack as verification that they medications are correct. This method of recording is not a robust system of documenting the information, there is no signature to ensure accountability. Other information, such as errors or omissions of medication, are not recorded in order to review that the system is effective.

The medication policy is being updated by the person in charge to ensure it includes all relevant information on the ordering, prescribing, storing and administration of medicines to support staff practice.

Inspectors noted that the method of recording Warfarin (a high risk anti-coagulant medication to reduce blood clotting) did not clearly identify the amount administered to each resident on a day-to-day basis. Inspectors highlighted this to the person in charge who immediately discussed it with the GP, who was at the centre. A more robust method of recording these medications was decided upon and explained to the inspector.

During the inspection of 9 September 2009, inspectors noted that the majority of residents were prescribed regular laxatives with one resident being prescribed three separate laxatives. Inspectors noted at the inspection on 22 October 2009 that laxatives were prescribed as required for residents.

The pharmacy supplier has provided an education session on medication for nursing staff and this is planned to occur on a three-monthly basis.

The GP has commenced a full review of all prescriptions. The inspector examined one prescription which had been reviewed and noted that it included psychotropic medications and reducing doses had been prescribed in order to decrease the amount given to this resident. While this action has not yet been completed, the GP plans to systematically review a number of medication prescriptions at each visit to the centre.

**8. Action required from the previous inspections: *Introduce procedures which ensure that restraint methods are only used following appropriate, individual assessment, with the informed consent and in consultation with the resident and/or his or her advocate.***

The inspectors reviewed records of residents who required restraints such as lap-belts and bed rails, and noted that improved methods for recording and monitoring the use of these had been introduced. Residents had individual restraint assessments including an assessment for the use of bed rails. The restraint management policy had been updated.

**9. Action required from the previous inspections: *Revise the care planning process to reflect the individual needs and preferences of residents, to include consultation with residents and a process to notify residents of any changes to the care plan.***

The inspectors examined a number of residents' care plans on the computerised care planning system. They noted the quality of the assessments and care plans was inconsistent. On further discussion with the person in charge and nursing staff, it was evident that the care plans, which had been formulated with the participation and inclusion of the resident and family, were of a significantly higher quality. The updating of all care plans with residents and / or their families participation is being undertaken and some appointments have been arranged. While the action plan submitted by the provider indicated this would be completed within one month, the person in charge said this process was taking longer than expected. The person in charge needs to monitor this process in order to ensure it is completed in a reasonable timeframe.

**10. Action required from the previous inspections: *Review and revise all arrangements for provision of food and fluids and nutrition management.***

The inspectors noted that all residents had fresh water delivered to their bedroom late morning. Tea, coffee and juice was offered in the morning and afternoon and inspectors observed staff offering fresh water to residents from the water cooler throughout the day. On the day of inspection, most residents were seen to use the communal areas and spent very little time in their bedrooms. It was highlighted to the person in charge that the water delivered to the residents' bedrooms in the morning would not be very fresh by the evening when residents returned to their bedrooms for the night. The person in charge informed the inspectors that this would be reviewed and further fresh water would be delivered to the bedrooms in the evening. One resident described how she can not sleep without a cup of tea and said the staff will always make it for her.

The inspectors joined the residents at lunch time. The residents said they were happy with the food and found it well cooked and hot. However, one resident said he did not really have a choice, as the alternative each day was fish, which he did not like and this restricted his choice. On a review of the menu it was noted by the inspectors that the menu choice each day was a chicken / meat dish or fish. Some residents requested a second helping and this was available to them.

The menu was clearly displayed in the foyer area and the inspectors heard the activity coordinator read it out to the residents before they went to the dining room for lunch. However, while discussing the food with one resident over lunch he said that while he had seen the blackboard in the foyer earlier he couldn't remember what was available and suggested that it should also be on display in the dining room.

One of the sitting rooms was used as a dining area for highly dependent residents who required assistance with their meals. Inspectors observed staff assisting residents in a discrete and sensitive manner.

A daily "flow" sheet, which records information relating to personal care, continence and skin condition, is maintained for each resident. This was seen to be completed by the care assistance and countersigned by the nurse on each shift. It includes a section on diet and records the meals and additional supplements taken by residents. For those residents that require a more detailed record of their dietary intake, a diet and fluid sheet is commenced and inspectors saw that these were completed.

**11. Action required from the previous inspections: *Take measures to ensure that residents are assisted with their personal care in a way which promotes and protects their privacy and dignity.***

Inspectors observed staff knocking and asking permission before entering residents' rooms. If a staff member needed to leave a room while assisting a resident with personal care, inspectors noted that they opened the door the least amount and ensured it was closed quickly and completely behind them. Colour-coded stickers, which had been on display in residents' bedrooms, had been removed and information such as moving and handling assessments were discretely placed inside the residents' wardrobes.

**12. Action required from the previous inspections: *Provide a more varied choice of activities and things to do, based on the expressed preferences of residents, including easy access to the garden and grounds. Ensure that such choices are offered to residents in the evening and at weekends.***

The activities coordinator post has become vacant since the last inspection and the person in charge is in the process of recruiting a replacement. In the interim, the activities coordinator from another Mowlam Healthcare centre attends two days a week to facilitate group activities for the residents. She told inspectors she asks residents to decide what activities they would like for the next date and she facilitates and organises these. There were notices on display throughout the centre informing residents of the activities scheduled for that day. While the minutes of the residents' committee recorded that the residents missed the previous activity coordinator, they were participating and enjoying the activities provided on the day.

The inspectors observed the care assistant, who was allocated to supervise the sitting room in the morning, offering magazines and books to residents and sitting and playing a card game with others. Some residents told inspectors they continued to do painting and crosswords when they wished. A number of residents told inspectors they like to use the garden and despite it being a wet day the inspectors saw residents putting on their coats and going out for a walk. The front gate, leading to the main road, was closed throughout the day and this provided a more secure area for residents who use the garden.

The care assistant's involvement in activities and supporting residents to undertake individual activities that they enjoy, supports fulfilment for residents and ensures that activities are part of daily life and not just the responsibility of an activity coordinator.

**13. Action required from the previous inspections: *Thoroughly review and revise the laundry system and address the issue of lost items.***

The inspectors reviewed the laundry policy which was available in the laundry. Risk assessments for the working area were also complete and available. The laundry staff described the processes for sorting clean and dirty laundry and the temperatures used. A number of items were reviewed and noted to have the room number and resident name marked on the label. The person in charge said that new labels and ironing equipment has been ordered. On review of the linen room, the inspectors noted a large quantity of clothes and underwear stored there and many of these did not have labels. A staff member said that many of these clothes were belonging to deceased residents. She also said if a resident reported that an item of clothing was missing they would check these clothes to see if it was there. There was no system in place to ensure that unmarked items of clothing were returned to residents.

A complaint had been received from a relative about dirty laundry being inappropriately stored in a wardrobe. An audit of lockers and wardrobe has been introduced to monitor this and the person in charge showed the inspectors the form used to record this.

**14. Action required from the previous inspections: *Provide appropriate arrangements for residents to receive visitors.***

Equipment that was stored in the visitors' room had been removed and inspectors noted it being used by a resident for a private meeting. Inspectors saw that all communal areas were being used by residents and their relatives throughout the day.

**15. Action required from the previous inspections: *Revise the accident and incident reporting processes to incorporate more detailed and reliable sources of information.***

The incident and accidents reporting process has been reviewed by the person in charge and the inspectors read some of the additional reports written by the witness to, or person who first encounters the incident / accident. This report was found to more effectively record the details of the incident or accident. The person in charge told inspectors she undertakes an audit of the falls that occur, injuries sustained and whether hospitalisation occurs. The interventions carried out to reduce the incident of falls and the actions required were also recorded. She plans further development of the audits to include other incidents as they occur.

**16. Action required from the previous inspections: *Implement policies and procedures that bring practices in the recruitment of staff into line with regulations.***

The recruitment policies and procedures were checked and found to be reviewed and updated by the administrator. A new induction policy and procedure has been introduced. A review of the file for a newly recruited staff member was reviewed and included all the appropriated documentation except a copy of the birth certificate and Garda Síochána vetting as required by Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. However, a declaration was provided by the staff member until the Garda vetting process is completed.

**17. Action required from the previous inspections: *Introduce a performance appraisal and supervision process for all staff.***

Inspectors reviewed a number of performance appraisals completed with staff since the last inspection. The person in charge is training other staff members in this process as part of developing the appropriate skills required for their supervising responsibilities. One staff member who had an appraisal completed reported that she had found it to be a positive learning opportunity.

**18. Action required from the previous inspections: *All staff to be made aware of and ensure they have an understanding of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.***

Copies of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and *National Quality Standards for Residential Care Settings for Older People in Ireland* were available in the staff office. An information session about these had been provided for staff and staff said they were aware of the content of them.

**19. Action required from the previous inspections: *The reporting structures within the nursing home are to be reviewed, to provide clear lines of accountability and supervision for all staff members.***

The clinical nurse manager is being trained and developed to undertake performance appraisals. Staff nurses are allocated to support the residents on a number of corridors each day. The care staff are allocated to a number of residents. The care staff told

inspectors they report any issues to the nurse in charge of the area their residents are situated. Inspectors observed a staff nurse informing the care assistant of the care needs of the residents allocated to them. Inspectors saw the daily flow sheet completed by care staff, of the care they provide for their allocated residents, and this is countersigned by a nurse.

**20. Action required from the previous inspections: *Update the complaints procedure and implement a system that communicates and reminds residents, their relatives and staff members of the complaints process.***

While an updated complaint policy has been developed, and was reviewed by inspectors, it has not yet been implemented. However, the inspectors saw that verbal complaints are now being recorded on a complaint form. This form included information on the actions taken to address the complaint. A number of residents told the inspectors that they had made recent complaints about the heating at the centre. These complaints varied from the centre being too hot to too cold. There inspectors saw records of these complaints and the person in charge had arranged for engineers to review the heating system and they were at the centre on the day.

***Report compiled by***

Aileen Keane  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

30 November 2009

## Action Plan

### Provider's response to additional inspection report

Centre:	Swords Nursing Home
Centre ID:	0181
Date of inspection:	22 October 2009
Date of response:	11 December 2009

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

A draft complaints procedure had been developed but was not completed.

**Action required:**

Implement the final updated complaints procedure.

**Action required:**

Ensure each resident is made aware of the complaints procedure.

**Reference:**

Health Act 2007  
Regulation 39: Complaints Procedures  
Standard 6: Complaints

Please state the actions you have taken or are planning to take with timescales	Timescale
<p>Provider's response:</p> <p>Updated complaints policy has been implemented. Staff and residents and families are being informed of this updated policy.</p>	<p>9 December 2009</p> <p>Commenced 9 December 2009 and ongoing</p>

<p><b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The medication policy was under review. The method of recording Warfarin (a high risk anti-coagulation medication) did not clearly identify the amount administered to each resident on a day-to-day basis.</p>	
<p><b>Action required:</b></p> <p>Complete the update of the medication policy and ensure it includes all information on the ordering, prescribing, storing and administration of medication to include the method of recording high risk medication.</p>	
<p><b>Action required:</b></p> <p>Ensure high risk medications are recorded in accordance with professional guidelines.</p>	
<p><b>Action required:</b></p> <p>Inform staff of the updated medication policy and ensure they are familiar with it.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines.  Standard 14: Medication Management</p>	
Please state the actions you have taken or are planning to take with timescales	Timescale

<p>Provider's response:</p> <p>Medication policies are all being updated including the ordering, prescribing, storage and administration of medication.</p> <p>Warfarin is now prescribed by the exact dose and not "as per INR"</p> <p>Staff involved in medication management have commenced signing off that they have read, understood and agree to abide by the new policies.</p>	<p>To be implemented by end January 2010.</p> <p>Ongoing</p> <p>10 December 2009</p>
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**3. The provider is failing to comply with a regulatory requirement in the following respect:**

The quality of assessments and care plans were inconsistent. The updating of the care plans were not completed as indicated in the action plan from the previous inspection.

**Action required:**

Monitor the updating of care plans with resident participation to ensure they are completed in a timely manner.

**Action required:**

Monitor the quality of the care plans to ensure a consistent high standard is achieved.

**Reference:**

- Health Act 2007
- Regulation 8: Assessment and Care Plan
- Regulation 35: Review of Quality and Safety of Care and Quality of Life
- Standard 10: Assessment
- Standard 11: The Resident's Care Plan
- Standard 30: Quality Assurance and Continuous Improvement

<b>Please state the actions you have taken or are planning to take with timescales</b>	<b>Timescale</b>
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<p>Provider's response:</p> <p>Care plans have been updated with resident / family participation for 54 of our residents.</p>	<p>Ongoing</p>
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An invitation has been sent to other families offering them an opportunity to participate in their loved one's care plan.	
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**Provider's name:** Mowlam Healthcare

**Date:** 11 December 2009