

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Heather House Community Nursing Unit
Centre ID:	0714
Centre address:	St Mary's Orthopaedic Hospital
	Gurranabraher
	Cork
Telephone number:	021-4927950
Fax number:	021-4927951
Email address:	joan.somersmeaney@hse.ie
Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered providers:	Health Service Executive (HSE)
Person in charge:	Joan Somers-Meaney
Date of inspection:	28 June 2011
Time inspection took place:	Start: 09:30hrs Completion: 15:40hrs
Lead inspector:	Caroline Connelly
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the 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 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, 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 wellbeing of residents
- to randomly "spot check" the service.

All 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 Health Information and Quality Authority 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.

About the centre

Description of services and premises

Heather House Community Nursing Unit is a two-storey, purpose-built designated centre. The first floor is accessed by two lifts and a number of sets of stairs. The centre is made up of two units, the Primrose suite on the ground floor and the Daisy suite on the first floor.

The Primrose suite can accommodate 25 residents in 17 single bedrooms two twin-bedded rooms and one four-bedded room. All bedrooms have full en suite facilities comprising of a shower, toilet and wash-hand basin. There is also an assisted bathroom and two assisted toilets available for residents' use. There is a dining room at one end of the building with a pantry which will be used for serving food and for drinks preparation. Patio doors from the dining room open up on to a large patio area and then into an enclosed garden area with some raised flower beds and garden furniture. At the other end of the building is a sitting room which also has access to an enclosed garden. There is a pantry area off the sitting room which will be used to make drinks and snacks. A second smaller sitting room/quiet room is located beside the main sitting room.

A computer/telephone/resource room is located off the main corridor area and will provide computer and telephone access for residents. The nurses' station, treatment room, sluice room and storage facilities are located in the centre of the building.

The Daisy suite upstairs can accommodate 25 residents in 17 single bedrooms two twin-bedded rooms and one four-bedded room. It has mainly the same facilities as the Primrose suite except that it does not have the computer/resource room. It has one large single bedroom with extra space, recliner chairs and basic catering facilities that can be used for admission purposes or overnight facilities for family at end-of-life care as appropriate.

At the entrance to the unit there is a reception area and behind the reception area is a visitors' room for residents to meet family and friends in private.

There is a central corridor which accommodates offices and a storage area. This leads down to another central corridor called the poppy annex, which houses an oratory/prayer room and the activities centre called the Water Lily Centre and café, where the activity staff will facilitate group and other activities. There are also therapy rooms for the provision of occupational therapy, physiotherapy and other therapies as required. The main kitchen facilities are at the other end of this annex and are finished to a very high standard. Communal toilets, offices and laundry facilities are also located in the annex area. Upstairs there are washing, changing and dining facilities for staff which are to a high standard.

Ample parking is provided at the front and at the side of the centre.

Location

Heather House is located in the grounds of St Mary's Orthopaedic Hospital in Gurrabraher which is on the north side of Cork city.

Date centre was first established:	2011
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	25

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	7	13	5

Management structure

Heather House Community Nursing Unit is operated by the Health Service Executive (HSE). The Registered Provider is the Health Service Executive represented by General Manager, Teresa O'Donovan.

The Person in Charge is the Director of Nursing, Joan Somers-Meaney who reports to the General Manager.

The Person in Charge is supported in her role by a Clinical Nurse Manager 2 (CNM2) Ber O' Leary and a team of nursing staff, multi-task attendants, administration and maintenance staff who in turn report to the Person in Charge.

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	5	4	2	1	2	2*

* 1 maintenance and 1 activities assistant

Background

Heatherside Hospital closed in April 2011 and all the residents were transferred to the newly built Heather House Community Nursing Unit.

An advisory visit was undertaken on the new building at Heather House Community Nursing Unit on 2 November 2010 where inspectors met with the provider and the person in charge and were given a thorough tour of the building.

Heather House was first inspected by the Health Information and Quality Authority's Social Services Inspectorate on 1 December 2010 and 15 December 2010. This was a registration inspection and took place before any residents were living in the centre. A number of improvements were required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*, particularly related to the requirements for further work on risk assessments, staff recruitment, wound care recording and residents involvement in their assessments and care planning.

The provider was required to complete an action plan to address areas where significant improvements and some improvements were required. The inspection report can be found at www.hiqa.ie. The chronology of the Authority's previous inspections is included at the end of this report.

This additional inspection report outlines the findings of a follow-up inspection that took place on 30 June 2011. It was the first inspection of Heather House since the residents moved there from Heatherside Hospital in April 2011. The inspection was announced and also focused on the action plan where significant improvements and some improvements were required, outlined as points one to seven in this report.

Summary of findings from this inspection

The follow-up inspection was facilitated in a helpful and welcoming way by the person in charge and all staff on duty. Inspectors met with residents, the person in charge, the clinical nurse manager, staff nurses, multi-task attendants, the catering staff, administration, maintenance and other staff members. Records were examined including care plans, medical records, complaints log, accidents and incidents records, and fire safety records, staff records including training records, policies and procedures. As this was the first inspection since the residents moved in a full tour of the environment was undertaken and the inspector found that the new centre was very bright, clean and appropriately decorated to give a homely atmosphere.

The progress of the actions agreed with the provider to address the issues outlined in the report of 1 December 2010 and 15 December 2010 were reviewed and the inspector was particularly focused on how the residents and staff had settled into their new home.

The inspectors found that all of the actions outlined in the action plan had been addressed and completed with the exception of the risk assessment and care planning which required ongoing and further input.

It was also identified on this inspection that restraint practices required review, further risk assessments are required, the Resident's Guide requires additional information and who was in charge of the centre needs to be easily identifiable.

Issues covered on inspection

1. Restraint

Bedrails are being used for a number of residents in the centre, many who have requested them for their comfort. The inspector saw that assessments for the use of bedrails were being completed on all residents. These assessments were reviewed on a 10-weekly basis but there was no evidence that residents were being checked and these checks were not documented nor did the use of bedrails feature in their care plan in accordance with best practice and the centres policy. The frequency for reassessment for the need for restraints was not in accordance with best practice guidelines and the use of bedrails, checking and documentation requires improvement. The centre is to aim towards a restraint free environment.

2. Resident's Guide

Although a comprehensive Resident's Guide was available it did not meet the requirements of the legislation in that it did not have a copy of the last inspection report and other information as required.

3. Duty rota

The duty rota reviewed by the inspector did not include the person in charge. It also did not identify who was in charge of the centre in the absence of the person in charge and in the evening, night time and at the weekends.

Actions reviewed on inspection:

1. Action required from previous inspection:

Ensure that the designated new centre has a comprehensive written risk management policy and safety statement in place and that it is implemented throughout the new centre.

A comprehensive safety statement was viewed by the inspector with an implementation date of April 2011 and a review date of April 2012. The risk management policy was developed in line with the HSE quality and risk team and a large number of hazard identification sheets were completed. A copy of these policies and hazard identification sheets were available on each unit and staff when spoken to demonstrated knowledge of same.

There are a main set of stairs in the centre going from the ground floor to the first floor that are not secure so are open to be used by all residents. Staff report that the current residents do not have any problems with the stairs but future residents who are less mobile and who have cognitive impairment and can easily access the stairways could be at risk of falling. There was no evidence in the centre of risk assessments having been completed around the stairways and potential for falls and accidents.

The inspector saw a trolley with chemicals on it left unattended outside the staff room. Residents passing could have easy access to these chemicals. Further action and risk assessments are required to prevent accidents to residents.

2. Action required from previous inspection:

Ensure that the numbers and skill-mix of staff are appropriate to the assessed needs of residents, and the size and layout of the new designated centre.

On the day of the inspection there were five registered nurses plus the person in charge and seven multi-task attendants on duty for 25 residents many of whom are assessed as having low dependency needs. Residents confirmed there was plenty of staff available to meet their needs and the inspector was satisfied that the staffing levels met the needs of the residents. Staffing levels are to be kept under review as the number of residents increase to full capacity.

3. Action required from previous inspection:

Put in place arrangements to facilitate residents' consultation and participation in the organisation of the designated centre.

An active residents' committee had been established prior to the move to Heather House and regular meetings have taken place since the move. Last meeting was held on 29 June 2011 with 13 residents in attendance and minutes of these meetings were viewed by the inspector. The meetings are chaired by independent advocates from an advocacy service with members of the management team being invited in as required. The meetings enabled the residents to discuss many aspects of their move to their new home and the getting involved in events organised in the local community. The minutes showed and the person in charge confirmed that the residents had attended a tea dance in the local community hall which they really enjoyed and requested to attend again.

The residents all expressed satisfaction with their new home. They particularly liked having their own rooms and own en suite bathrooms and one resident told the inspector he particularly loved having his own television (TV) so he could watch whatever he wanted. Food was discussed and residents commented on how good the food is with one resident commenting that it is just like mother used to make. Suggestion boxes were seen in the main foyer.

The person in charge had organised a meeting with the local community leaders in June 2011 inviting them in to view the new centre and to help establish links with the local community. This proved very successful and a number of links have been established and residents are attending events in the community hall.

4. Action required from previous inspection:

Residents' assessed needs are to be set out in an individual person-centred care plan developed and agreed with the resident and or his/her representative and other staff as appropriate.

The inspector viewed a number of care plans on both units and saw that substantial improvements had been made since the last inspection's, the care plans had resident/relative signatures on them demonstrating their agreement and involvement with their care plan. The care plans were more person centred but further continued work is required to ensure greater personalisation of all care plans.

5. Action required from previous inspection:

Wound assessment charts and records did not contain sufficient information.

Provide an adequate nursing record of the resident's health and condition and treatment given in accordance with any relevant professional guidelines.

The recently introduced wound care chart was viewed by the inspector, this chart now contained more information and provided a more scientific basis for recording and measuring wounds. The staff nurse showed the inspector a camera that was used to photograph wounds if required but the inspector noted that there were very few residents with wounds and very little wound care required for the residents.

6. Action required from previous inspection:

The building was of a high standard but required some further consideration to create a homely atmosphere.

Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

The inspector found that the building had been furnished to a high standard with appropriate use of colour, fabrics and soft furnishings to provide for a homely environment.

A number of items of furniture and many pictures accompanied the residents from Heatherside Hospital ensuring there was some continuity with the old centre. All residents that the inspector spoke to were very happy in their new home; they spoke highly of having their own bedrooms and bathrooms and liked the lounges and the dining rooms.

The inspector observed lunch being served in the dining room and found it to be a relaxed social occasion with tables set with flower arrangements appropriate place settings and cutlery. The activity and therapy rooms were comfortable and inviting and the oratory was very peaceful. The person in charge reported that most residents will attend mass when it takes place weekly as it is easier to access here than in the old centre. Many of the residents also attend the hospital church, which is on the grounds on a Sunday.

7. Action required from previous inspection:

An induction and training plan was not available for staff to commence working in the new centre.

Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.

The inspector viewed the comprehensive induction programme that was provided to staff prior to and as they moved to the new building. This induction programme included orientation to the new centre, fire, health and safety, and risk assessments and demonstrations on the use of new equipment and policy and procedures.

Training records viewed by the inspector confirmed that other training was ongoing and mandatory training in moving and handling, fire evacuation and elder abuse had been provided to the staff. Hand hygiene was provided on a number of dates and is ongoing.

During 2011 a number of training sessions had also taken place on the use of equipment such as infusion pumps and electrocardiogram (ECG) machines.

A number of multi-task attendants are to commence a healthcare assistant course in September and many more have already completed the course and achieved Further Education and Training Awards Council (FETAC) Level 5.

Report compiled by:

Caroline Connelly
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

4 July 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
2 November 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Regulatory Monitoring <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
1 December 2010 and 15 December 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Heather House Community Nursing Unit
Centre ID:	0714
Date of inspection:	28 June 2011
Date of response:	29 July 2011

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 (as amended) 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:

All reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre were not taken.

Action required:

Ensure the stairways are secure and risk assessments are completed for residents' use of same.

Action required:

Ensure all chemicals are secure and locked away when not in use.

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

Reference: Health Act 2007 Regulation 31: Risk Management Procedures Standard 29: Management Systems Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Stairways: Risk assessment completed. Swipe locks to access doors installed. Chemicals storage: Risk assessment completed and locked storage provided. Review of practice with operator completed.	19 July 2011

2. The provider has failed or is failing to comply with a regulatory requirement in the following respect: Bedrails are being used on a number of residents in the centre. There was no evidence that residents were being checked and these checks were not documented nor did the use of bedrails feature in their care plan in accordance with best practice and the centres policy. The frequency for reassessment for the need for restraints was not in accordance with best practice guidelines.	
Action required: The person in charge shall review the policy and practice and aim towards a restraint-free environment for all residents. If restraint is to be used as a last resort the centre is to follow strict best practice guidelines and maintain a record of the nature of the restraint and its duration and ensure this is reflected in the documentation.	
Reference: Health Act 2007 Regulation 25: Medical Records Standard 21: Responding to Behaviour that is Challenging	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Restraint policy and practice reviewed. Checklist for hourly observation in place.	19 July 2011

Weekly review of record of restraints with the view to having a restraint free environment.	
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<p>3. The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>The person in charge did not feature on the staff rota and who was in charge of the centre at all times including weekends evenings and nights was not clear on the rosters given to the inspector.</p>	
<p>Action required:</p> <p>Ensure that an appropriately qualified registered nurse is in charge of the designated centre at all times and in the absence of the person in charge, and maintain a record to this effect.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 15: Person in Charge Regulation 16: Staffing Standard 24: Training and Supervision</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>System of person in charge instigated with * sign indicting out-of-hours designated person in charge when PIC is absent on the daily duty rota. Governance policy in place.</p>	<p>19 July 2011</p>

<p>4. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The Resident's Guide did not meet the requirements of the legislation in that it did not have a copy of the last inspection report and other information as required by the regulations.</p>	
<p>Action required:</p> <p>Produce a Resident's Guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.</p>	

Reference: Health Act 2007 Regulation 21: Provision of Information to Residents Standard 1: Information	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The Resident's Guide will be reviewed and updated and reprinted to include all elements as requested in the required actions identified.	1 September 2011

Any comments the provider may wish to make:

Provider's response:

None received

Provider's name: Teresa O'Donovan

Date: 29 July 2011