

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	Avondale Nursing Home
<b>Centre ID:</b>	0195
<b>Centre address:</b>	West St
	Callan
	Co Kilkenny
<b>Telephone number:</b>	056-7725213
<b>Fax number:</b>	056-7755825
<b>Email address:</b>	avondalenursing@ircom.net
<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 providers:</b>	Miriam Holmes
<b>Person in charge:</b>	Miriam Holmes
<b>Date of inspection:</b>	12 May 2011
<b>Time inspection took place:</b>	<b>Start:</b> 05:30hrs <b>Completion:</b> 08:45hrs
<b>Lead inspector:</b>	Noelene Dowling
<b>Support inspector:</b>	Íde Batan
<b>Type of inspection:</b>	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
<b>Purpose of this inspection visit:</b>	<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

This centre closed on 30 August 2011 following cancellation of the centre's registration by the Authority.

Avondale Nursing Home consists of a two-storey building that is about one hundred years old, with the addition of a single-storey structure built in the 1960s. The centre accommodates 33 male and female residents, aged 55 years and older with the following care needs; general care, young chronic care, acquired brain injury, respite care, dementia specific care and rehabilitation. Accommodation for residents consists of one en suite single room, eight single rooms, 12 double bedrooms, two sitting rooms and two dining rooms.

Twenty two residents are accommodated on the ground floor in seven twin bedrooms, seven single bedrooms and one single bedroom with en suite which consists of an assisted shower, wash-hand basin and toilet. The remaining residents share two assisted shower rooms with shower, wash-hand basin and toilet and one non-assisted bathroom with bath toilet and wash-hand basin. There are two separate toilets for residents use. A separate toilet for kitchen staff is provided and staff also have a changing area with toilet.

There is accommodation for 11 residents on the first floor with five twin bedrooms and one single bedroom who share one assisted shower room containing shower, wash-hand basin and toilet and two separate toilets.

A garden is available to the front of the premises and there is ample care parking space for visitors.

### Location

Avondale Nursing Home is located close to the centre of the rural village of Callan, Co Kilkenny.

<b>Date centre was first established:</b>	1980
<b>Number of residents on the date of inspection:</b>	21
<b>Number of vacancies on the date of inspection:</b>	12

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	5	11	5	0

## Management structure

The centre is owned by a limited company, Avondale Nursing Home Limited. The Registered Provider on behalf of the company is Miriam Holmes and she is also the Person in Charge. Hayley Holmes is the Key Senior Manager and deputises for the Person in Charge in her absence. Carers and catering staff 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	0	1	1	0	0	0	0

\* Inspection took place at 05:30hrs

## Background

This was the third inspection of the centre carried out by the Authority. A scheduled inspection was carried out on 30 September 2009 and 1 October 2009, and a registration inspection was carried out on 22 March 2011 and 23 March 2011 following the provider's application for registration.

The findings of the registration inspection demonstrated that significant improvements were required in relation to:

- arrangements for the absence of the person in charge
- risk management
- health and safety
- primary care of residents
- medication management
- premises
- policies
- advocacy and consultation with residents
- staff training and recruitment
- variety and activities and choice suitable to the resident group
- infection control practices.

The provider was requested to provide a response to the Actions identified within a specific timeframe. This response was not forwarded within the timeframe.

This inspection was undertaken prior to receipt of the providers response in view of the nature of the issues identified in the registration inspection report.

## Summary of findings from this inspection

The inspection focused specifically on Actions 1, 2, 3, 5, 6 and 12 of the registration inspection report. These were in relation to:

- the arrangements for the absence of the person in charge
- availability of management in the centre
- the welfare of resident relating to the unreasonable times for waking, washing and dressing residents
- risk management strategies with reference to accident and incidents
- medication management
- recruitment procedures.

Inspectors found that that the practice of waking and dressing residents and retuning them to bed or placing them on chairs from 05:00hrs had ceased.

Overall however, there was little improvement found in the risk management strategies, medication management and safe storage, recruitment procedures and the availability and engagement of management in the centre. The Action Plan at the end of this report outlines the actions required to meet the requirements of the

Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

## **Actions reviewed on inspection:**

### **1. Action required from previous inspection:**

Put in place and implement a system for the provision of adequate management cover that is present and available in the designated centre in the absence of the person in charge.

Inspectors were unable to clarify this but the current roster available showed that the person in charge was due to work three days on the week of the inspection as duty nurse. The key senior manager was not rostered. This effectively left a four day period in between the providers duty days when no management was present in the centre.

### **2. Action required from previous inspection:**

Cease all institutional and unsuitable practices not conducive to residents' welfare including, but not exclusive to; waking, washing and dressing residents at unsuitable and unreasonable times.

Inspectors observed that only one resident was up and dressed at the time of arrival and this resident prefers to rise at this time. Staff were only commencing morning duties and personal care where required. The resident, who had previously been found to be washed, dressed and returned to bed at 05:30hrs was asleep in bed and appropriately attired. Nursing records and turning charts were appropriately completed and indicated that the resident had not been disturbed except, where necessary, to carry out personal care during the recent nights. Staff confirmed that the practice of waking residents for dressings or for washing at unreasonable hours had ceased following the previous inspection.

### **3. Action required from previous inspection:**

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with and comply with such policies and procedures.

Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm due to medication errors or omissions.

Cease the unsafe practice utilised to administer medication.

There was some improvement in this area but significant issues remain. Staff confirmed that they are not utilising the inappropriate manner of administering medication previously observed and inspectors did not observe this practice.

Inspectors could not confirm if any training had been undertaken. However, staff informed inspectors that only those residents whose medication needs dictated the early administration, received medication prior to the day staff coming on duty.

No further medication errors were documented. However, no changes to practice or communication system were evident to avoid errors. For example, no written reminders for the issuing of transdermal opiate patches' to specific residents on specific days were evident in the communication records seen by inspectors. Staff confirmed that this was done verbally at handover on the day in question. This leaves room for continued error considering the number of part time nursing staff employed and irregular duty hours.

Inspectors observed that the registrar of controlled drugs was checked and signed for by one nurse prior to the second nurse coming on duty at 07:30hrs which is not compliant with guidelines for the management of such drugs.

Inspectors found insulin and eye drops stored in an unsecured kitchen fridge.

#### **4. Action required from previous inspection:**

Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Put in place a plan for responding to emergencies.

No actions had been taken on this. Inspectors were informed that a risk management policy was not available. However, a review of the accident and incident register found that it had not been updated. Incident reports indicated that no risk management strategies in relation to accident or incidents such as falls had taken place. There was no evidence of review of the potential cause of falls, with one resident having fallen on seven occasions between November 2010 and 16 April 2010, and for a resident who fell out of bed despite the usage of bedrails. Inspectors noted that one of the residents was seen to fall when agitated. The records demonstrated that on such occasions sedative medication was increased. Staff stated that this served to contain the resident's movement.

The resident who had previously fallen was still using the bedrails and staff stated that the call-bell was still being attached to his clothing as an alerting mechanism. There was no evidence that assessment of the contributing factors such as medication, environment, had taken place or of remedial actions such as the use of hip protectors or appropriate alerting mechanisms.

### **5. Action required from previous inspection:**

Facilitate the medical treatment that is recommended for each resident as defined by presenting behaviours or conditions to include access to psychology of old age and dementia specialist and best practice guidelines for the resident currently using the all-in-one sleeping suit.

Provide suitable and sufficient care to maintain the residents' welfare and wellbeing, having regard to the nature and extent of the resident dependency and needs as set out in the care plan.

This was not undertaken for the specific resident concerned.

### **6. Action required from previous inspection**

Review the staffing levels to ensure that the needs of resident can be attended to in inappropriate manner.

Inspectors reviewed the roster and found no significant alteration. Two part-time nurses had been employed since the inspection however; one of these replaced a nurse who had ceased working. The numbers of staff have not increased. The provider was still undertaking regular duties as part of the weekly roster. This did not allow for adequate governance of the practices and care provided.

Inspectors found that only the roster for the current week was completed. The lack of consistent staffing and planned rosters do not contribute to continuity of care for residents.

### **7. Action required from previous inspection:**

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they are physically and mentally fit for the purposes of the work, which they are to perform.

No actions had been taken on this. Inspectors reviewed the personnel file of one of the most recently appointed nurses and while there was evidence of current registration with An Bord Atranais, only two references were secured. These were not from the most recent employer and were not verified. There was no evidence of physical or mental fitness or Garda Síochána vetting.

The inspector found no references, vetting or other information pertaining to two recently employed care assistant staff.

**8. Action required from previous inspection:**

Undertake a review of the premises for any potential risk to residents and take appropriate action to remedy these risks.

Including but not exclusive to:

- the garden areas
- yard
- paving
- wall protections
- wall mounted televisions
- hot water systems
- trailing cables.

Inspectors focused on two specific areas of risk and found no actions had been taken in relation to the elimination of these risks, in particular the wall mounted televisions and the serrated wall protectors.

**Report compiled by:**

Noelene Dowling  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

12 May 2011

<b>Chronology of previous HIQA inspections</b>	
<b>Date of previous inspection:</b>	<b>Type of inspection:</b>
30 September 2009 and 1 October 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
22 March 2011 and 23 March 2011	<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 \*

<b>Centre:</b>	Avondale Nursing Home
<b>Centre ID:</b>	0195
<b>Date of inspection:</b>	12 May 2011
<b>Date of response:</b>	None received

### 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/person in charge has failed to comply with a regulatory requirement in the following respect:

Adequate arrangements were not in place and implemented for the absence of the person in charge or for consistent governance.

#### Action required:

Put in place and implement system for the provision of adequate management cover that is present and available in the designated centre.

#### Reference:

Health Act 2007  
Regulation 15: Person in Charge  
Standard 27: Operational Management

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

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response: None received	Centre closed on 30 August 2011

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

Best practice and legislation in medication management was not applied.

**Action required:**

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with and comply with such policies and procedures.

**Reference:**

Health Act 2007  
 Regulation 6: General Welfare and Protection  
 Regulation 9: Health Care  
 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
 Standard 14: Medication Management  
 Standard 15: Medication Monitoring and Review  
 Standard 8: Protection  
 Standard 13: Healthcare

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response: None received	Centre closed on 30 August 2011

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

There was no risk management policy in place.

**Action required:**

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

<b>Reference:</b> Health Act 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  None received	Centre closed on 30 August 2011

<b>4. The provider has failed to comply with a regulatory requirement in the following respect:</b>  There was no adequate health and safety procedures including audits of premises and practices to identify and control risk.	
<b>Action required:</b>  Undertake a review of the premises for any potential risk to residents and take appropriate action to remedy these risks.  Including but not exclusive to: <ul style="list-style-type: none"> <li>▪ the garden areas</li> <li>▪ yard</li> <li>▪ paving</li> <li>▪ wall protections</li> <li>▪ wall mounted televisions</li> <li>▪ hot water systems</li> <li>▪ trailing cables.</li> </ul>	
<b>Reference:</b> Health Act 2007 Regulation 30: Health and Safety Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  None received	Centre closed on 30 August 2011

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

Failing to ensure that adequate assessment and evidence-based alternative strategies were researched and implemented prior to using behaviour management and restraint techniques with the current resident group including the use of bedrails or medications.

**Action required:**

Ensure that high standards of evidenced-based nursing practice is utilised to support residents with challenging or unusual behaviours prior to the use of any behaviour management or restraint technique.

**Reference:**

Health Act 2007  
Regulation 6: General Welfare and Protection  
Regulation 10: Residents' Rights, Dignity and Consultation  
Standard 4: Privacy and Dignity  
Standard 13: Healthcare

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

**Timescale:**

Provider's response:

None received

Centre closed on  
30 August 2011

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

Practice in relation to the recruitment of staff was not adequate.

**Action required:**

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

**Reference:**

Health Act 2007  
Regulation 18: Recruitment  
Standards 22: Recruitment

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  None received	Centre closed on 30 August 2011

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

**Provider's response:**

None received