

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Sligo Nursing Home
Centre ID:	0363
Centre address:	Ballytivnan
	Sligo
	Co. Sligo
Telephone number:	07191-47955
Fax number:	07191-47956
Email address:	Sligonursinghome@mowlamhealthcare.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Mowlam Healthcare
Person in charge:	Maggie Henderson
Date of inspection:	13 September 2011
Time inspection took place:	Start: 09:20 hrs Completion: 16:30 hrs
Lead inspector:	P.J Wynne
Support inspector:	N/A
Type of inspection:	<input type="checkbox"/> Announced <input checked="" 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

Sligo Nursing Home can accommodate 62 residents. Older people who need long term care, people who have dementia care needs and those who need palliative care, respite or convalescent care are admitted. Residents with acquired brain injury and physical disability are also cared for presently.

The layout, furniture and décor are coordinated, bright, clean and modern. There is a reception located inside the main entrance providing a focal point of contact for residents and visitors. The building is laid out over two separate floors. There are two sitting rooms and a dining room on the floor at entry level to the building. There is one dining room and sitting room on the lower floor.

There are 22 bedrooms on the floor at entry level and 24 on the lower ground level. Bedroom accommodation comprises 30 single en suites and 16 twin ensuite rooms. Twenty one, en suites include a toilet, shower and wash-hand basin and the remaining 25 en suites comprise of a toilet and wash-hand basin.

Other facilities include an oratory, visitors' room, hair salon and treatment room. There was a lift provided allowing residents to move easily between different floor levels.

There is car parking to the front of the building for visitors and a separate car park to the side for staff.

Location

The centre is located in a residential area within Sligo town. Shops, businesses, library and church facilities are close by along a pedestrian pathway.

Date centre was first established:	6 June 2002
Number of residents on the date of inspection:	56 + 2 in hospital
Number of vacancies on the date of inspection:	4

Dependency level of current residents	Max	High	Medium	Low
Number of residents	15	18	16	9

Management structure

Mowlam Healthcare is the registered provider. The nominated person on behalf of the Provider is Pat Shanahan. The Person in Charge is Maggie Henderson who is supported by a clinical nurse manager, staff nurses, care assistants, kitchen staff and an administrator. The Person in Charge reports to the Assistant Operations Manager, Geraldine O' Hora who in turn reports to the nominated Provider, Pat Shanahan, the chairperson of the board of director of Mowlam Healthcare.

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	8	3	3	2	*2

*One activity coordinator and one maintenance person

Background

The purpose of this inspection was to follow up on the action plan agreed with the provider from the inspection, report number 0363 which took place on 22 and 23 November 2010 and is published on the Authority's website and can be viewed at www.hiqa.ie. This inspection focused on the areas of practice that required improvement, as outlined in the action plan of that report and information received by the Authority to include notifications since the last inspection. While the inspector was satisfied at that time of a commitment by the management team to improve the quality of the service to residents, the action plan contained ten requirements and eight recommendations. The inspector focused on key aspects of service delivery to assess the extent to which the management ensured safe outcomes for residents.

The key findings from the previous inspection identified a need for additional training of staff in the area of care of the elderly with dementia and challenging behaviour to meet the needs of residents. The activities program required expansion to ensure meaningful engagement for residents of all dependencies. Structural improvements were required to provide additional bathing facilities for residents.

Summary of findings from this inspection

This follow up inspection was unannounced and was the fourth inspection of the centre by the Authority. The inspection focused on those areas of practice that required improvement as set out in the action plan of the inspection report. The provider and person in charge had addressed six of the ten actions in the previous inspection report satisfactorily. Three were partially progressed and one was not completed satisfactorily. Also the focus of the inspection was to monitor compliance with requirements relevant to care and welfare. The inspector focused on key aspects of service delivery to assess the extent to which the management ensured safe outcomes for residents.

The Action Plan at the end of the report identifies areas where mandatory improvements are 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*.

Issues covered on inspection

Staffing Levels

The provider employs 52 staff in total which includes a whole-time equivalent of 12 nurses and 22 care assistants. In addition, there is catering, cleaning, administration and maintenance staff employed. The inspector viewed the staff duty rota for a two week period. The rota showed the staff complement on duty over each 24-hour period. The staff roster detailed their position and full name.

The inspector reviewed the planned and actual staff rota. The person in charge at all times was denoted on the rota. The rota indicated the person in charge had sufficient time for management and governance tasks and to support and supervise staff. The inspector was able to form the view that the numbers of staff on duty and skill mix were appropriate to meet the needs of residents on the day of the inspection. This included nursing staff, care staff, catering and laundry staff. Staff were observed to promptly respond to call bells during the day.

Admission and Discharge

A pre-admission assessment was completed by the person in charge or nurse manager prior to all admissions, to ensure the needs of the potential residents could be met. This was viewed by the inspector in care plans examined. The inspector viewed the care plan for one resident who had being discharged to alternative accommodation. The discharge was planned and agreed with the resident's family as the resident at the time did not have the capacity to give consent. All documentation concerning the resident's care and medical needs was forwarded to the resident's new place of accommodation.

Complaints

The person in charge demonstrated a positive attitude towards complaints and informed the inspector she viewed complaints as a useful means to improve the service. The complaints policy was displayed at the main entrance and described in the statement of purpose.

The inspector reviewed the complaints log. The complaints log for 2011 contained records of three complaints. Two had been closed and investigation of the third was still in progress. All relevant information about the complaint, investigation made and the outcome was detailed. The complainant's satisfaction with the outcome was also recorded for the two complaints closed off.

Safeguarding and safety

There were no reports or allegations of abuse received by the Authority from the centre. At the time of inspection there were no recorded incidents or allegations of abuse. However, the inspector identified ten staff that had commenced employment since the last inspection that had not been facilitated with training or by other measures of education to ensure an adequate knowledge of matters concerning protection of vulnerable adults.

Actions reviewed on inspection:

1. Action required from previous inspection:

Provide training for staff in dementia care and behaviour that challenges, to enable them to provide care in accordance with best practice for the current resident profile.

Make staff members aware, of the policies and procedures commensurate with their role.

This action was completed. The person in charge had undertaken a week long course on best practice in dementia care and behaviours that challenge. The inspector viewed evidence 37 staff had attended a course in caring for people with dementia and behaviours that challenge. The inspector viewed certificates issued by the accredited trainer in staff files examined. Staff spoken with were able to explain how the training informed and guided their day to day practices. Staff spoke about how beneficial the training course on the care of residents with dementia and challenging behaviour was. Staff explained they understood the condition better and they felt enabled to deliver the appropriate interventions to support residents. The inspector viewed evidence of future planned training for the remainder of staff in this area.

The person in charge informed the inspector the centres' operating policies were stored openly behind the reception desk and were accessible to all staff. Staff spoken with were aware of the location of the policies and informed the inspector at the monthly meetings policies were discussed and the person in charge advised staff of any new changes made to existing policies.

2. Action required from previous inspection:

Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

Provide a suitable activity program of social care support, based on a risk assessment to ensure a positive quality of life for residents with challenging behaviour.

This action was completed. Residents had a daily programme of meaningful and appropriate activities. The activity schedule provided for both cognitive and physical stimulation. The inspector observed staff taking the time to include those residents

with cognitive impairment and to encourage them to take part in activities in a sensitive manner. The inspector spoke with one of the activity coordinators who guide activities with the residents. She explained she was exploring new options and had recently introduced an indoor golf session. Other regular activities include quizzes and completing proverbs. The weekly program of activities was displayed on the notice board. The inspector spoke with residents and they explained there was something to do each day and they were happy. Additionally a Sonas program was held weekly.

Nursing staff and care staff also confirmed that there were regular activities provided. Residents could practice their religious beliefs. On the day of inspection a prayer service was facilitated by two visiting volunteers. A religious service was held each a week.

An activity programme of social care support for a resident with challenging behaviour had been implemented. The resident was facilitated twice weekly to go on outings from the centre. The activity coordinator had designated time to engage with residents who did not like to participate in group activities.

3. Action required from previous inspection:

Ensure all staff are trained in moving and handling of residents.

This action was completed. The inspector viewed evidence staff had been trained in safe moving and handling of residents. This was evidenced by a review of staff files. The inspector viewed certificates confirming training had been provided by a competent person. The inspector observed staff using the hoist to assist a resident to transfer to her chair in the day sitting room. Safe procedures were observed.

4. Action required from previous inspection:

Provide sufficient numbers of baths or showers to meet the needs of residents, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

Provide a cleaning room provided with a sink and wash hand basin for staff to wash cleaning equipment.

Provide a wash-hand basin in the sluice room and a sink and wash hand-basin laundry area.

This action was completed. Two additional assisted bathrooms had been provided to meet the bathing needs of residents who did not have a shower in their ensembles. The inspector visited both bathrooms and observed showers level with the floor had been provided. Grab rails were provided alongside the toilets and showers and a call alarm had been fitted.

Testing of the temperature of the hot water by the inspector indicated it was safe and it met the requirements of the Authority's standards. The walls were tiled and the bathrooms were maintained in a clean condition.

A wash-hand basin had been provided in the sluice for staff to wash their hands to safeguard against infection. The inspector visited the cleaning room and noted a sluice-sink and hand-washing basin had been supplied to facilitate cleaning of equipment.

5. Action required from previous inspection:

Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.

This action was completed. On the previous inspection two residents could not be weighed due to their physical disabilities and alternative methods or equipment had not being explored or provided to monitor the residents' weight. The person in charge had obtained a digital hoist weigh scales to record the weights of residents unable to use the regular seated weigh scales. The inspector viewed the weight scales and the person in charge explained clearly how it was used. A maintenance contract was in place and the equipment was serviced to ensure its safety.

6. Action required from previous inspection:

Put in place an emergency plan for responding to emergencies which include contingency arrangements for evacuation of the building.

This action was partially completed. The inspector reviewed the emergency plan which contained detailed procedures to follow in the event of fire. However, the plan did not provide guidance should any other untoward situation arise for example, discontinuation of the water supply, power failure or security breach of the premises. The plan outlined a location where residents and staff would move to should it be necessary to evacuate the building. However, the contingency arrangements did not provide guidance as where residents would be accommodated overnight should this need arise.

7. Action required from previous inspection:

Provide Garda Síochána vetting for all staff.

Provide three written references, including a reference from the person's most recent employer (if any).

This action was completed. This was evidenced by a review of a sample of six staff files. The staff files were well organised and the information the inspector was seeking was easily accessible. Three written references and Garda Síochána vetting

was available for each staff member in staff files examined to include references from past employers.

8. Action required from previous inspection:

Include a procedure in the medication policy to guide and inform best practice for the administration of PRN (as needed) medication and drugs that are being crushed. Indicate the maximum amount for PRN (as needed) medication and the duration of administration on the prescription sheet.

Ensure GPs signature are in place for all medications that had been discontinued.

This action was partially completed. The inspector reviewed the medication management policy and noted it included a procedure to guide and inform best practice for the administration of PRN (as needed) medication and drugs that are being crushed. The inspector accompanied a nurse on part of the medication drug round and reviewed residents' medication charts. The inspector noted the GPs signature in place for medication which had been discontinued on charts reviewed. However, the maximum amount for PRN (as needed) medication and the duration of administration was not indicated on the prescription sheet. One resident was prescribed a pain medication drug as PRN and the maximum amount to be administered within a 24 hr period was not specified on the prescription sheet.

9. Action required from previous inspection:

Involve and notify each resident of any review of his/her care plan.

This action was partially completed. There were care plans and daily records for all residents which were completed by nursing staff on a computer based system. The inspector reviewed residents' care plans and noted they were reviewed routinely. However, there was not clear evidence documented in each plan of care viewed of the resident or their representatives' involvement in their care plan.

10. Action required from previous inspection:

Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

This action was not completed. On the previous inspection the directory of residents contained all information required by the regulation except the details of the cause of death. The inspector viewed the directory of residents on this visit and noted the cause of death had not been recorded in the directory for all deaths that had occurred. While the information was available and the inspector viewed evidence the coroner had been notified in each case, it was not recorded as required by the regulations in the directory in all instances.

Standard	Best practice recommendations
Standard 6 Complaints	Devise a procedure to ensure management are aware of all informal issues or concerns to allow for review to identify trends. Review A complaints log was available to record informal matters to allow for review to identify trends. This log was maintained separately from formal complaints and available at the nurse's station for staff to record information.
Standard 7 Contract/ Statement of Terms and Conditions	Indicate the room to be occupied by the resident on all signed contracts of care. Review The inspector viewed contract of care and noted the room occupied by the resident was noted on each contract viewed.
Standard 29 Management Systems	Undertake a missing person drill to ensure staff are familiar with the procedures to be followed to locate a resident who maybe reported as missing. Review There was a missing person policy in place and procedures to guide staff should they be reported as missing. A missing person profile sheet was available. Staff spoken with were aware of the procedure to follow and confirmed they had participated in drills to familiarize themselves with procedures.
Standard 29 Management Systems	A designated senior person was not nominated to be the contact point in the event of an emergency. Review The inspector reviewed the emergency plan and a senior person was designated to be the coordinator should an emergency arise and evacuation is required.
Standard 18 Routines and Expectations	Complete life history details with residents or their families to ascertain the resident's present and past interests, hobbies and pastimes. Review A life history had not been completed with all residents or with the assistance of their representative.
Standard 25 Physical Environment	The visitors' room while spacious could benefit from some homely touches for example a television and refreshment making facilities, to allow residents entertain their visitor in a setting akin to their own home.

	<p>Review The visitors' room had been redecorated and while provided with a couch other homely touches for example a television and refreshment making facilities, to allow residents entertain their visitor in a setting akin to their own home had not been provided.</p>
<p>Standard 25 Physical Environment</p>	<p>As half of the resident group had problems associated with dementia or memory problems. The inspector felt that signage overall needed improvement to provide effective and meaningful prompts, to help residents find their way to communal areas, bedrooms and remind them of where they are.</p> <p>Review The person in charge told the inspector all communal bathroom doors had been painted a highly visible colour to ensure they were easily distinguishable to residents. The inspector viewed other proposed signage to be located throughout the building however, this had not been put in place as yet.</p>
<p>Standard 25 Physical Environment</p>	<p>There was no policy in place to prevent contamination from Legionella bacteria.</p> <p>Review A policy was been developed which was in draft format. The person in charge confirmed all vacant rooms were flushed and the temperature of the water was checked. The inspector viewed records to verify these actions.</p>

Report compiled by:

P.J Wynne
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

29 September 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
2 and 3 October 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
2 March 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
22 and 23 November 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
13 September 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Action Plan

Provider's response to inspection report *

Centre:	Sligo Nursing Home
Centre ID:	0363
Date of inspection:	13 September 2011
Date of response:	20 October 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 has failed to comply with a regulatory requirement in the following respect:

The emergency plan did not provide sufficient guidance in the event of various untoward situations. The contingency arrangements did not provide guidance as where residents would be accommodated overnight should this need arise.

Action required:

Review the emergency plan for responding to emergencies.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety
Standard 29: Management Systems

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Our emergency plan had indicated that should we need to evacuate the centre, residents would be moved to the local church hall three minutes away from the centre. We have now made arrangements that in the event of residents not being able to return to the centre, they will be accommodated in St John's Community Hospital or Sligo General Hospital. Our evacuation plan will be altered to reflect this.</p>	<p>November 2011</p>

<p>2. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The maximum amount for PRN (as needed) medication and the duration of administration was not indicated on the prescription sheet.</p>
<p>Action required:</p> <p>Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to ensure the maximum amount for PRN (as needed) medication and the duration of administration is indicated on the prescription sheet.</p>
<p>Reference:</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>Staff nurses have been informed to request the GP's to document the maximum amount of medication to be administered in 24 hours on a PRN basis.</p> <p>Review of the written policies are underway.</p> <p>Communication to GP's by letter has been dispatched.</p>	<p>Completed</p> <p>Ongoing, anticipated completion November 2011</p> <p>20 October 2011</p>

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

There was not clear evidence documented in each plan of care viewed of the resident or their representatives' involvement in their care plan.

Action required:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Action required:

Notify each resident of any review of his/her care plan.

Reference:

- Health Act, 2007
- Regulation 8: Assessment and Care Plan
- Standard 3: Consent
- Standard 10: Assessment
- Standard 11: The Resident's Care Plan

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

Timescale:

Provider's response:

Documentation of resident centred care plans is ongoing. We have currently included family/resident input into 22 residents care plans.

Notification in writing to all families has been repeated.

December 2011

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

The cause of death had not been recorded in the directory for all deaths that had occurred.

Action required:

Establish and maintain an up-to-date directory of residents in relation to every resident in the designated centre in an electronic or manual format.

Reference:

- Health Act, 2007
- Regulation 23: Directory of Residents
- Standard 32: Register and Residents' Records

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Cause of death will be clearly stated in the directory of residents.	Commenced and ongoing as a death occurs.

<p>5. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>Ten staff were identified as not having received training or education in adult protection.</p>	
<p>Action required:</p> <p>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 or abuse.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection Standard 9: The Resident's Finances</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Training in recognising and responding to elder abuse in residential care settings is booked for 2 November 2011. All staff will then have completed this training.	2 November 2011

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 18 Routines and Expectations	<p>A life history had not been completed with all residents or with the assistance of their representative. Complete life history details with residents or their families to ascertain the resident's present and past interests, hobbies and pastimes.</p> <p>Providers Response: All residents have had a social assessment completed. Further life history details of residents has commenced. Families have been invited to partake in this project.</p>
Standard 25 Physical Environment	<p>The visitors' room had been redecorated and while provided with a couch other homely touches for example a television and refreshment making facilities, to allow residents entertain their visitor in a setting akin to their own home had not been provided.</p> <p>Providers Response: We have an automatic coffee machine which visitors can help themselves to. We offer a full food and beverage service to relatives who need to stay at the Nursing Home for any length of time. Regular choice of drinks are offered to visitors as well as residents.</p> <p>Soft Furnishings are being sourced.</p>
Standard 25 Physical Environment	<p>All communal bathroom doors had been painted a highly visible colour to ensure they were easily distinguishable to residents. However, signage required further improvement to provide effective and meaningful prompts, to help residents find their way to communal areas, bedrooms and remind them of where they are.</p> <p>Providers Response; We will further improve our cueing/signage within the centre.</p>
Standard 25 Physical Environment	<p>A policy to prevent contamination from Legionella bacteria had been developed. However this was in draft format and not finalised to guide best practice.</p>

	<p>Providers Response; The policy on Legionella Bacteria is in the completion stage. Once completed and approved by our policy committee, a copy will be forwarded to the inspectorate. Anticipated date of completion 1 December 2011.</p>
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Any comments the provider may wish to make:

Provider's response:

The outcome of the Inspection was a fair analysis, following a professional interactive experience.

We thank the inspector for the courteous manner in which he conducted the inspection.

Provider's name: Maggie Henderson on behalf of Mowlam Healthcare

Date: 20 October 2011