

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Middletown House
Centre ID:	0251
Centre address:	Courtown Harbour
	Gorey
	Co Wexford
Telephone number:	053-9425451
Fax number:	053-9425451
Email address:	ingrid@middletownhouse.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Joseph Butler
Person in charge:	Ingrid Ashmore-Butler
Date of inspection:	12 December 2011
Time inspection took place:	Start: 12:30 hrs Completion: 16:30 hrs
Lead inspector:	Ann O'Connor
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

Middletown House is a two-storey building surrounded by three acres of landscaped gardens and can accommodate 50 residents, primarily older persons with a wide range of care needs such as dementia, physical disability, and respite care. There were 49 residents in the centre on the day of inspection, 48 of whom were on continuing care and one who had been admitted for two weeks respite.

The ground floor has eight single bedrooms and 18 single en suite bedrooms with toilets and wash-hand basins. There are also two twin-bedded rooms with en suite facilities. There are eight toilets and six assisted toilets. On the first floor there are six single bedrooms with toilets and wash-hand basins and seven twin-bedded rooms with toilets and wash-hand basins. The first floor can be accessed by a lift and also chair lifts. Other facilities include seven lounges/sitting rooms, a dining room, kitchen, treatment room, oratory, two visitor/family rooms and a visitor's tea room.

Location

Middletown House is located outside the seaside holiday area of Courtown Harbour, Gorey, Co Wexford.

Date centre was first established:	1 September 1984
Number of residents on the date of inspection:	49
Number of vacancies on the date of inspection:	1

Dependency level of current residents	Max	High	Medium	Low
Number of residents	4	21	9	15

Management structure

The Registered Provider is Joseph Butler. The Person in Charge is Ingrid Ashmore-Butler. There are two Clinical Nurse Managers (CNMs). Deepa George, CNM, covers for the Person in Charge in her absence. The nurses, care assistants, housekeeping, catering, laundry staff and the activities coordinator all report through their line manager to the Person in Charge. The office administrators, grounds and maintenance staff report to the Provider.

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	4 *	11	3	2	1	4**

* CNMs x2 and RGN x2

**Provider, .Maintenance x 2 and Activity Co-ordinator x1

Background

Middletown House was first inspected by the Health Information and Quality Authority's Social Services Inspectorate on 3 March 2010 and 4 March 2010. This was a registration inspection and the inspectors found that overall the centre provided a high standard of person-centred care in a clean and well maintained environment. Registration was granted by the Authority in March 2011. The report from the registration inspection can be obtained on the www.hiqa.ie website. This inspection report outlines the findings of an unannounced follow-up inspection that took place on 12 December 2011. The inspection focused on the action plan where some improvements were required and are outlined in this report.

Summary of findings from this inspection

The follow-up inspection was facilitated in a helpful and welcoming way by the provider, person in charge, CNMs and all staff on duty. The inspector arrived unannounced at 12:30hrs and found the centre was warm, clean and decorated for the festive season. The atmosphere was friendly, relaxed and organised. There was plenty of activity with residents going to and from the dining room for lunch. The inspector met with residents and observed that they appeared to be well cared for, which was further reflected in residents' comments, and that their daily personal care needs were well met.

The inspector observed practices and reviewed documentation such as the social aspect of care plans, staff files, staff training, contracts of care, statement of purpose, resident's guide, accident and incident recording, clinical audits and policy and procedure in relation to controlled medications. The inspector also followed up on notifications submitted to the Authority and found that all incidents were well documented and followed up by the person in charge in accordance with best practice. An inspection of the building was undertaken by the inspector who was satisfied by the level of accommodation and cleanliness of the centre. The provider outlined his plans for further improvements of bedrooms to include en suite facilities. A new assisted bath was installed since the last inspection.

The progress of the actions agreed with the provider to address the issues outlined in the report of 3 March 2011 and 4 March 2011 were reviewed. The inspector found that the provider and person in charge had addressed most of the actions in their Action Plan including:

- staff training on the prevention, detection and response to elder abuse
- evidence of residents' involvement in their care plan
- individual assessments of residents regarding activities
- risk management audits
- documentation including contracts of care, residents' guide, statement of purpose and staff files for Garda Síochána vetting
- adequate number of baths in the centre.

Actions reviewed on inspection:

1. Action required from previous inspection:

Provide elder abuse training to all staff to meet the needs and protection of the residents and to enable staff to provide care in accordance with contemporary evidence-based practice.

Completed.

On the previous inspection all nursing and health care staff had received training on the prevention, detection and response to abuse. On this inspection documentation showed that the remaining staff including catering, house keeping, kitchen, maintenance and ground staff had commenced training following the inspection; they had a training session on 6 July 2011 and the remaining staff plus new staff employed had training on 1 December 2011. The CNM informed the inspector that this training was ongoing and further training was planned for 2012.

2. Action required from previous inspection:

Carry out a review of the care planning process and implement changes to ensure that each residents' needs are set out in an individual care plan developed, reviewed and agreed with each resident.

Completed.

A section of care plans were reviewed by the inspector. Documentation confirmed that the care plans were updated, the social aspect of care which included residents' preferred routines, expectation, likes and dislikes. These were well documented in the care plan with an activity assessment form. One resident had identified that she was involved in a choir prior to admission and informed the inspector that she had introduced a choir with resident involvement in the centre. She has organised a "Christian Choir Service" for carol singing later in the week. The inspector spoke with a group of residents who were very excited and really looking forward to this event. There was documented evidence that each care plan was reviewed by the CNM and evidence that the care plan was discussed, agreed and signed by residents or their next of kin.

3. Action required from previous inspection:

Establish a process to review quality and safety of care provided and the quality of life of residents' in the centre

Completed.

On the previous inspection there was no process in place to review the quality and safety of care through auditing of information such as clinical and non-clinical risk management. On this inspection the CNM went through the formal system that was introduced to collect data. A risk register was introduced which incorporated a formal system on reporting daily accidents, incidents and near misses in areas such as falls, medication management and restraint. These were then risk rated using an evidence-based valuation tool. A three-monthly audit on the risk register has commenced since October 2011. These are discussed at each nurses' meeting with learning outcomes identified and improvements put into practice.

4. Action required from previous inspection:

Compile a statement of purpose and function which contains all the information required in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Partially completed.

The statement of purpose was examined and the following areas were not included as per Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

- the current professional registration, relevant qualifications and experience of the registered provider and any person in charge needs to be identified
- the type of nursing to be provided, for example 24 hour nursing care
- the number and size of rooms to include communal areas
- any separate facilities for day care.

5. Action required from previous inspection:

Review staff files and obtain the information and documentation specified in Schedule 2 of the regulations.

Partially completed.

A random selection of staff files was examined, and Garda Síochána vetting was present in the files examined; however,

- it was identified that they were still awaiting a reply on forms for three staff which had been submitted for Garda Síochána vetting
- three references were not present in some files as required by legislation
- while there was a self declaration of evidence signed by staff members that they were physically and mentally fit for the purpose of the work, a self declaration is only accepted where it is impracticable for the person to obtain a signed medical certificate of fitness.

6. Action required from previous inspection:

Provide a sufficient number of baths having regard to the number and dependency of residents in the designated centre.

Completed.

A new bath has been installed in the centre.

7. Action required from previous inspection:

Provide a written Resident's Guide and ensure that each resident has access to the information in an accessible format, appropriate to their individual needs, to assist in decision making.

Partially completed.

The Residents' Guide and additional information that is available for residents to access at any time was examined by the inspector. It did not contain all the information as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended):

- there was no reference to the centre's registration status with the Authority; it referenced their approval to accommodate 50 residents under the Health (Nursing Home) Act 1996
- the most recent inspection report
- a standard form of contract
- the address and telephone number of the Chief Inspector.

8. Action required from previous inspection:

The registered provider shall ensure that a contract of care is in place for each resident, which includes details of the services to be provided and the fees to be charged.

Partially completed.

The contract of care was examined and it identified that no insurance liability whatsoever will be accepted by the centre for any loss or damage to valuables. This is not in line with current legislation.

9. Action required from previous inspection:

The person in charge shall ensure that the receipt, administration, management and disposal of controlled drugs shall be recorded in line with legislative requirements and all nursing staff be familiar with An Bord Altranais recording practice guidelines.

Completed.

On the previous inspection there was no policy and procedure in place for checking the stock balance of controlled drugs. This recommendation was completed. The inspector examined the controlled drug register and the medication management policy on controlled drugs and found this to be in compliance with An Bord Altranais Guidelines. The inspector also spoke to the CNM on duty regarding her familiarity with the guideline. The CNM also outlined plans for further medication management training for 2012.

Report compiled by:

Ann O'Connor
Inspector Manager of Social Services
Social Services Inspectorate
Health Information and Quality Authority

14 December 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
3 March 2010 and 4 March 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced

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Action Plan



Provider's response to inspection report *

Centre:	Middletown House
Centre ID:	0251
Date of inspection:	12 December 2011
Date of response:	5 January 2012

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 statement of purpose and function did not contain all the formation required as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

Compile a statement of purpose that contains all matters listed in Article 5 and Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

Reference: Health Act 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The statement of purpose and function will be updated with the areas mentioned in the report.	28 February 2012

2. The provider is failing to comply with a regulatory requirement in the following respect: The staff files did not have all the required documents as per Schedule 2 of the regulations, such as Garda Síochána vetting, three references and medical evidence of physical and mental fitness for the purpose of the work that staff perform.	
Action required: Ensure that all documents in respect of persons managing or working at a designated centre are in accordance with Schedule 2 of the regulations.	
Reference: Health Act 2007 Regulation 16: Staffing Regulation 18: Recruitment Regulation 34: Volunteers Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: As mentioned in the report we are still waiting for a reply from Garda Síochána vetting for three new staff members who commenced work in November 2011 and December 2011. All staff are requested to get three references as soon as possible. Middletown House has been accepting self-declared fitness certificates from the staff. We have informed the staff to bring fitness certificates from their own GP.	Ongoing

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

The Residents' Guide did not contain all the information as required in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended):

- there was no reference to their registration status with the Authority, it referenced their approval to accommodate 50 residents under the Health (Nursing Home) Act 1996
- the most recent inspection report
- a standard form of contact
- the address and telephone number of the Chief Inspector.

Action required:

The provider must ensure that the written guide contains all the information as outlined in Article 21 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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:

We will include the above mentioned information into our resident's guide.

28 February 2012

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

While there were contracts of care in place for each resident, they were not in accordance with regulations as they identified that no insurance liability whatsoever will be accepted by the centre for any loss or damage to valuables.

Action required:

Ensure that the insurance cover is included in the contract of care as required by legislation.

Reference: Health Act 2007 Regulation 28 : Contract for the provision of Services Regulation 26: Insurance Standard 7: Contract / Statement of Terms and Conditions Standard 31: Financial Procedures	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The residents' personal effects insurance cover will be included in the contract of care.	Completed

Any comments the provider may wish to make:

Provider's response:

None received.

Provider's name: Joseph Butler

Date: 5 January 2012