

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



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|--|---|
| Centre name: | Swords Nursing Home |
| Centre ID: | 0181 |
| Centre address: | Mount Ambrose |
| | Swords |
| | Co Dublin |
| Telephone number: | 01 8900089 |
| Fax number: | 01 8901089 |
| Email address: | managerswords@mowlamhealthcare.com |
| Type of centre: | <input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public |
| Registered providers: | Mowlam Healthcare Ltd |
| Person in charge: | Susan Massey |
| Date of inspection: | 31 August 2011 |
| Time inspection took place: | Start: 12:00 hrs Completion: 16:30 hrs |
| Lead inspector: | Leone Ewings |
| Support inspector: | Sheila McKeivitt |
| 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 checked="" 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

Swords Nursing Home is a purpose-built, single-storey building providing long-term residential care for 60 older people.

The building is designed around a large central foyer with bedrooms and utility areas leading off it. Residents' accommodation consists of 28 single rooms with en suite shower facilities and a further 16 twin rooms each with shared wash-hand basins.

There are three separate day sitting rooms, the sun room, a smaller sitting room, and the foyer area is used for seating during the day. The oratory room has been re-located and the space refurbished and now provides a quiet room known as a 'relaxing room' adjacent to the foyer.

Other facilities include a large dining room, a small oratory/reflection room, an activities office store, a smoking room, a large separate visitors' room and a treatment room. The administration office and the person in charge's office are located to the front of the building near the reception desk.

An accessible garden area is available for residents use and is located to the front and rear of the building. Access to the site is via an electric gate system and there is ample parking facilities provided to the front of the building.

Location

The centre is located approximately three kilometres from the town of Swords, Co Dublin. The location is rural and not on a bus route. Access by road is via the Toberburr Road, near the area known as St Margaret's at the back of Dublin Airport.

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|---|----------------------------------|
| Date centre was first established: | 12 April 2007 (this provider) |
| Number of residents on the date of inspection: | 54 (+1 one resident on holidays) |
| Number of vacancies on the date of inspection: | 5 |

| Dependency level of current residents | Max | High | Medium | Low |
|--|------------|-------------|---------------|------------|
| Number of residents | 31 | 13 | 10 | 1 |

Management structure

The Person in Charge, Susan Massey is the Director of Nursing and reports to the Operations Manager Geraldine O'Hora who is responsible for five centres. She in turn reports to the provider Pat Shanahan. The person in charge is supported by three clinical nurse managers and a team of staff nurses. Care assistants report to senior care assistants, who in turn report to the nursing staff.

The administrator at the centre manages the catering and domestic staff, and she also reports 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 | 3 | 9 | 3 | 3 | 1 | 1* |

*activities coordinator

Background

The purpose of the inspection was to review the progress of the provider addressing the action plans following the last inspection on 8 December 2010. The inspection was also based on information received by the Authority in relation to a concern received which triggered an inspection.

The inspection was triggered in response to information received, related to:

- complaints management
- medication management
- staffing and supervision
- falls management
- food and nutrition
- residents personal property and care of clothing
- communication

Summary of findings from this inspection

There were three action plans from the previous inspection of 8 December 2010. These actions were reviewed on inspection. The provider had submitted documentation following the last inspection of the key actions taken to address the non-compliances. The requested information on a key senior manager was submitted to the Authority. Maintenance works had taken place on the assisted bath and hot water system. Maintenance records were submitted following the last inspection. However, the inspector found that the temperature controls were not maintaining a temperature of 43 degrees or below. The person in charge undertook to address this without delay and notified the Authority on 7 September 2011 that a heating engineer had attended the centre on 1 September 2011 the day after the inspection to review the heating controls.

Information received by the Authority was reviewed and the findings are outlined in the "issues covered on inspection" below. The management of the centre had responded appropriately in managing the falls. Communication following the falls was found not to have been to the nominated person as had been agreed. A further two areas for improvement were noted by inspectors during the inspection, relating to non-compliances with the legislative requirements and they are outlined at the end of this report.

Issues covered on inspection

1. Complaints management

The complaints records were reviewed by inspectors and there had been nine documented complaints dealt with by the provider. All complainants had been informed of the outcomes of their complaint except for a current open complaint that was under investigation.

The person in charge told inspectors that she was in receipt of a written complaint on 23 August 2011 pertaining to the care of a resident, management of falls and subsequent follow up. The person in charge was dealing with this written complaint within the complaints management policy. She had arranged to meet with the residents relative to address the issues raised in the complaint. A multidisciplinary team meeting was in the process of being scheduled to discuss the medical and nursing management of the resident. The person in charge undertook to update the inspector following the completion of the complaint investigation.

2. Medication management

The administration and management of medication at the centre was found to be in line with best practice, and An Bord Altranais Guidelines (2007). A review of medication administration charts and observation of practice confirmed this.

3. Staffing and supervision

The inspector reviewed the staff on duty and found that adequate staffing was in place for the 55 residents living at the centre. The inspector reviewed the staff roster and found it was well maintained and all staff on unanticipated sick leave were replaced. The centre had a bank of relief nurses they could call on to replace staff members at short notice.

Inspectors noted that one residents' relative had engaged a team of carers to sit with the resident each afternoon. Inspectors observed the carer was involved with personal care including toileting, and assisting with mealtimes. Inspectors spoke with the carer who confirmed she was not employed by the designated centre but the residents' daughter made the arrangement with her to sit with her relative and provide social companionship. The residents' risk assessment confirmed she was at "high risk of falls". Inspectors observed she was left sitting alone in the day room when the carer left to get food from the dining room for the resident. The communication between the carer employed by the residents' family and the rostered staff members, including the person in charge was not found to be adequate to ensure the safety and well being of the resident. This was complicated by the use of third party carer / companions who did not sufficiently communicate with anyone other than the resident's relative.

The care plans and nursing assessments reviewed were found to be adequate and person-centred in their approach.

The person in charge had not addressed the risks to all residents of having a carer engaged by a family member to special one resident, without full and satisfactory information about the carer/companions arranged by a family member.

There was no clearly defined written agreement with the residents' relative, outlining their roles and responsibilities and supervision arrangements. There was no policy in place to support the arrangement and ensure adequate supervision was in place. The carer/companions did not communicate with staff when leaving or entering the designated centre. There was no evidence of Garda Síochána vetting appropriate to their role, no record of their skills and experience.

4. Falls management

Overall, the approach to prevention and management of falls was found to be of a good standard. The documentation and records reviewed indicated that a pro-active approach was taken by the centre. This involved increased supervision, physiotherapy input, review of any restraint (if any) used and medical and pharmaceutical review. For example, one resident had the dose of a psychotropic medication halved when reviewed one day post having a fall. This was kept under close review by nursing staff and the effect of this reduction was detailed in the nursing notes. In addition, gait analysis, environmental review, nutrition and cognition reviews took place.

The records were subject to detailed audit by the person in charge with documented follow up. All statutory notifications were made to the Authority in a timely manner. Risk management procedures were satisfactory and included arrangements for learning from serious or untoward incidents or adverse events involving residents.

5. Food and Nutrition

Inspectors observed the lunch time meal experience for residents. They sat and spoke to residents who told inspectors they food was good and they enjoyed choice at mealtimes. A smaller group of residents took their meal in the quiet room where appropriate assistance was given by staff. One resident took their meal in the sun room. Residents with particular requests for individual meal requirements were facilitated and light meals and refreshments were made available on request.

6. Residents personal property and care of clothing

Personal items and clothing were not fully documented on paper or on the electronic record keeping system. The clothing and personal property was not found to be fully documented in line with legislative requirements. Improvements were required in keeping the records of resident's personal property up to date.

7. Communication

Communication practice was found to be good. The records reflected a high level of family involvement. A recent focus group for relatives took place and regular residents meetings were scheduled with minutes on the notice board in the foyer.

The activities coordinator had now completed her training in the Sonas communication technique and regularly took small sessions of 7-8 people with cognitive impairment.

Actions reviewed on inspection:

1. Action required from previous inspection:

Review the provision of piped hot water, which incorporates thermostatic control valves or other suitable anti-scalding protection to wash hand basins used by residents and staff to 43 degrees or under.

Submit details of ongoing monitoring/maintenance of the heating system to include thermostatic controls and other devices.

Investigate and repair cause of faulty assisted bath.

This action was not found to have not been met in full by the provider.

The provider submitted a response to the Authority on 20 December 2010 which stated "Thermostatic mixer valves have been adjusted to bring water temperature to 43 degrees and below, maintenance records have been submitted". The weekly maintenance records submitted on 11 January 2011, confirmed that the water temperatures had been adjusted and were reduced to a safe level. However, the records submitted dated 7 January 2011 indicated a need for "maintenance to reduce valve again". Inspectors found that water temperatures in three separate areas of the centre were above 43 degrees Celsius. The person in charge told inspectors the maintenance staff member was on his day off and she would request a plumber to attend the centre. An e-mail was received by the Lead Inspector from the person in charge on 7 September 2011 to confirm a plumber attended the centre on 1st September 2011 to review the water temperatures.

The provider submitted a response indicating "the cause of the faulty drainage for the assisted bath has been investigated and repair is scheduled for early January 2011". The inspectors found the repairs had taken place and the bath was in working order. The water temperature for the assisted bath was 43.5 degrees Celsius and this was reported to the person in charge for attention to the thermostatic control on the assisted bath.

2. Action required from previous inspection:

Finalise draft written agreement and agree roles and responsibilities, including arrangements for supervision, both before, during and after training has been completed with the volunteer advocate.

This action was found to have been completed by the provider.

The provider submitted a response to the Authority on 20 December 2010 and a copy of the draft written agreement detailing the roles and responsibilities of the volunteer advocate, including arrangements for supervision before, during and after training have been finalised and issued and agreed by the advocate.

The inspectors noted that a volunteer advocate had been provided with the relevant documentation. The person in charge told inspectors that the proposed advocate had not yet received any recognised training to prepare them for their role in advocacy. The minutes of the residents meeting documented attendance of the advocate. The inspector recommended to the person in charge that the training required was sourced and provided.

3. Action required from previous inspection:

Submit the remaining references and information requested by the Authority by correspondence of 7 October 2010 regarding change of key senior management.

This action was found to have been completed by the provider.

The required information was submitted to the Authority by the provider and the external referees.

Report compiled by:

Leone Ewings
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

19 September 2011

| Chronology of previous HIQA inspections | |
|--|--|
| Date of previous inspection: | Type of inspection: |
| 8 December 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 |
| 21 April 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 |
| 13 and 14 January 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 |
| 22 October 2009 | <input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced |
| 30 July 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 |

Action Plan

Provider's response to inspection report *

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|----------------------------|---------------------------------|
| Centre: | Swords Nursing Home |
| Centre ID: | 0181 |
| Date of inspection: | 31 August 2011 |
| Date of response: | 30 September and 6 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 water temperatures from the assisted bath taps and some of the piped hot Water from hand-washing taps were above 43 degrees, recorded to a maximum of 44.6 degrees celsius.

Action required:

Review the provision of piped hot water, which incorporates thermostatic control valves or other suitable anti-scalding protection to wash-hand basins used by residents and staff to 43 degrees celsius or under.

Reference:

Health Act 2007
Regulation 19: Premises
Standard 25: Physical Environment

* 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>The water temperature of the piped hot water was adjusted on 1 September 2011 to be 43 degrees celsius or below.</p> <p>Water temperatures are monitored and thermostatic control valves adjusted accordingly with fluctuation in temperatures (the attending plumber has advised that temperature fluctuation is dependent on the ambient environmental temperature and ongoing monitoring and adjustment will be required).</p> | <p>Actioned</p> <p>Ongoing monitoring is required</p> |

| <p>2. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>An up-to-date record of each resident's personal property and possessions including laundry was not maintained by the centre.</p> | |
|---|-------------------|
| <p>Action required:</p> <p>Maintain an up to date record of each resident's personal property that is signed by the resident.</p> | |
| <p>Reference:</p> <p>Health Act 2007 Regulation 7: Resident's Personal Property and Possessions Standard 9: The Resident's Finances</p> | |
| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| <p>Provider's response:</p> <p>Key-care workers have compiled a hand written personal property and possessions list for each resident.</p> <p>All residents had an up-to-date personal property and possessions list completed by the 15 September 2011.</p> <p>Relatives in attendance at the relatives' meeting were advised of the implementation of the personal property and possessions list. Some have expressed concern about how these will be maintained in the longer term – if for example in larger families one relative disposes of items taken home for laundering.</p> | <p>Actioned</p> |

| | |
|---|--|
| <p>It is planned that the key worker will make a monthly entry to the personal property and possessions list to note any changes.</p> <p>This system will be reviewed as necessary.</p> | |
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| <p>3. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>The arrangements / roles and responsibilities of the carer/companion put in place by a family member had not been agreed with the person in charge of the centre.</p> <p>The centre had not Garda Síochána vetted the team of care assistants appropriately, one of which was undertaking a companion role and visiting with one resident.</p> | |
|---|-------------------|
| <p>Action required:</p> <p>Ensure volunteers working in the designated centre are Garda Síochána vetted appropriate to their role and level of involvement in the designated centre.</p> | |
| <p>Reference:</p> <p>Health Act, 2007 Regulation 34: Volunteers Standard 20: Social Contacts</p> | |
| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| <p>Provider's response:</p> <p>Despite several attempts to obtain the relevant and necessary documentation, the family that engaged the services of a companion failed to provide the necessary information/ documents as requested.</p> <p>Directly following the unannounced Health Information and Quality Authority's inspection, the issue was discussed with the family member involved and a further request for the necessary information/documents made. The family decided to withdraw the services of a companion for the resident concerned with immediate effect.</p> <p>All other volunteers attending the nursing home are Garda Síochána vetted appropriate to their role and level of involvement.</p> | <p>Resolved</p> |

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 32 Register and Resident's Records | The name and address and telephone number of the person the resident has nominated to be notified in the event of a change in his/her health and circumstances and to act on his/her behalf is recorded in the resident's records. |
| Standard 3 Consent | The resident has access to independent advocacy services. |

Any comments the provider may wish to make:

Provider's response:

We are very pleased to see ongoing improvements acknowledged in this report. We thank the inspectors for the professional manner in which they carried out their inspection.

Provider's name: Mowlam Healthcare

Date: 30/09/2011