Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report Designated Centres under Health Act 2007

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Rush Nursing Home
Centre ID:	0155
Centre address:	Kenure Skerries Road, Rush Co Dublin
Telephone number:	01-8709684
Fax number:	01-8709611
Email address:	rushnursinghome@mowlamhealthcare.com
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Mowlam Healthcare Limited
Person authorised to act on behalf of the provider:	Pat Shanahan
Person in charge:	Heather Carter
Date of inspection:	6 and 7 September 2011
Time inspection took place:	**Day 1 Start:** 10:30 hrs **Completion:** 17:30 hrs **Day 2 Start:** 08:45 hrs **Completion:** 14:00 hrs
Lead inspector:	Sheila McKevitt
Support inspector(s):	Damien Woods
Type of inspection:	☒ **Registration** ☒ **Announced** ☐ **Unannounced**

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Rush Nursing Home is a two-storey purpose-built facility, which opened in July 2005. The centre is registered to care for 56 residents.

Accommodation for the residents is divided between two floors. Residents who require care specific to dementia reside on the secure first floor, access from this first floor via the stairs or lift requires a keypad code. Up to 18 residents can be accommodated in two twin and 14 single bedrooms all of which have en suite shower, toilet and wash-hand basin facilities. There is a large combined dining/sitting /kitchenette room which looks out over the landscaped grounds below.

The ground floor can accommodate 38 residents; it has 36 single and one twin bedroom all of which have similar en suite facilities to the first floor. It also has a large dining room; two enclosed sitting rooms together with an open sitting area frequently used by residents and relatives in the front foyer area of the centre.

There are two internal courtyards accessible to residents from the ground floor; one is directly accessible from the smoking room. These are pleasantly decorated with use of potted plants, garden seating and tables. They are presented as a safe outdoor area where residents can relax.

The centre is situated off the main street as you enter Rush village. It is located down a cul-de-sac among a well-established residential area. There is a cricket club opposite the centre.

Date centre was first established:			21 July 2005	
Number of residents on the date of inspection:			56	
Number of vacancies on the date of inspection:			0	
Dependency level of current residents:	**Max**	**High**	**Medium**	**Low**
Number of residents	4	15	27	10
Gender of residents			**Male (✓)**	**Female (✓)**
			19	37

Management structure

The Registered Provider is Mowlam Healthcare Limited. Pat Shanahan one of three directors of the company is the named responsible person on behalf of the company. The Director of Nursing, Heather Carter is the Person in Charge. She is supported by the Assistant Operations Manager who is responsible for five of the group's centres inclusive of Rush Nursing Home. There is a clinical nurse manager who supports the person in charge in the clinical area. Staff nurses and care staff report directly to the person in charge.

Summary of compliance with 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*.

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act 2007.

Inspectors met with residents, relatives, and staff members over the two day inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Separate fit person interviews were carried out with the provider and the person in charge, both of whom had completed the Fit Person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

Inspectors found substantial compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. This was reflected in the positive outcomes for residents evidenced throughout the inspection and confirmed by residents and relatives. Overall, inspectors found that residents' wellbeing was central to service provision. The services and facilities outlined in the centres' statement of purpose were reflected in practice and served to meet the diverse needs of residents, including those residents with a cognitive impairment. However, all matters outlined in Schedule one were not included.

Residents received dignified and respectful care and received a high standard of evidence-based nursing care and medical and allied health care.

There were appropriate staff numbers and skill mix to the assessed needs of residents, and to the size and layout of the designated centre. However, the supervision of care staff by qualified staff required improvement.

Daily life in the centre maximised the residents' capacity to exercise choice and personal autonomy and their views were sought and listened to. However, there was

no record kept of the actions taken by management to address issues brought to their attention by residents'. The physical environment was suitable for its stated purpose and was homely, comfortable, and well maintained.

Practice in relation to the health and safety of residents and the management of risk promoted and ensured the safety of residents and visitors.

A number of records required improvement. The procedure in place to record complaints and to record issues which arose at meetings and how these issues were addressed requires improvement. In addition the contracts of care in place for each resident did not meet the regulatory requirement as the fees included were not clear, consistent or accurate.

The manner in which money was held by the provider on behalf of the resident was not transparent and improvements are required.

The action plans at the end of this report address the regulatory requirements that are not currently been met by the provider.

Section 50 (1) (b) of the Health Act 2007
Compliance 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*.

1. Statement of purpose and quality management

Outcome 1
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings

The statement of purpose accurately described the aims, objectives and ethos of the centre. The facilities and services were outlined and reflected those available to residents. All matters referred to in schedule one were included except the size of all the rooms in the centre. The organisational structure did not include the provider or the assistant operations manager.

The statement was kept under review by the provider and is made available to residents on admission, and following review

Outcome 2
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:
Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

The centre undertakes resident satisfaction surveys, the most recent of which was in March 20011. The results were examined on inspection and found to indicate a number of areas where residents felt improvement was required. These included the staffing levels and mealtimes for residents. While these were identified there was no documentary evidence to support any responses to these issues. There was no evidence of reporting back to residents. A meeting by invite was also held with relatives in July 2011 to get their feedback and comments.

A falls audit was examined and it identified issues for a number of residents. The required responses and action were detailed to assist these residents in minimising risk of falling. The centre also has checks carried out by the Mowlam group quality personnel.

Outcome 3
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:
Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings

Complaints were noted to be dealt with in general, in accordance with the centres stated policy. Review of complaints showed they were dealt with clearly and comprehensively when received. However there was an anomaly in that there was a dual recording system with “complaints” being logged on the computerised system and “issues” being logged in a separate log.

The inspector noted few if any distinctions between a “complaint” and an “issue”. The only noticeable distinction was that “issues” were verbal and dealt with in an informal fashion immediately. This meant that not all “complaints” were being recorded as such or acted upon.

This dual recording method showed specific anomalies in respect of a complaint made in February 2011 being recorded as an issue but not subsequently being entered as a complaint in the computerised system.

2. Safeguarding and safety

Outcome 4
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:
Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident’s Finances

Inspection findings

Staff were aware when asked about recognising and responding to elder abuse or suspected elder abuse. All staff had completed training in the prevention and detection of elder abuse. Any alleged incidents had been appropriately reported and

investigated by the centre. The provider however, was not able to evidence to inspectors that he had undergone such training during his fit person interview. Evidence of completion of an unaccredited training course was subsequently submitted to inspectors for the provider.

There are systems in place to record resident's finances that are managed by the centre. However, there is no separate residents' bank account to maintain these finances separate and distinct from that of the centres finances. This means that residents' funds are not distinct in real terms from the funds of the centre as both are kept in the same bank account.

Outcome 5
The health and safety of residents, visitors and staff is promoted and protected.

References:
Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings

Staff had undertaken all relevant training such as manual handling and infection control. The centre has all relevant assistive aids to ensure that residents and staff are protected. The fire safety records and equipment testing was up-to-date and certified. Fire drills had taken place and staff when asked could inform inspectors of the procedures to undertake if a fire occurred. In summary, the health and safety of residents and staff is generally promoted and protected.

The Mowlam group audit management system is used to assess the effectiveness of infection control and health and safety. The centre has a health and safety committee that meets and its findings are documented. However there is no recording of completing actions that arise from these meetings. Similarly, a comprehensive risk assessment carried out in 2009 had detailed actions to be taken. While on review they were complete, no documenting of completion had taken place.

Outcome 6
Each resident is protected by the designated centres' policies and procedures for medication management.

References:
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings

There was a medication policy with procedures for prescribing, administering, recording and storing of medication. Review of records and observation of practice indicated that these procedures were implemented. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift and recorded in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. There were appropriate procedures for the handling and disposal for unused and out of date medicines.

Residents' had their medications reviewed by their general practitioner (GP) every three months. Evidence of such reviews was recorded on the residents' medication chart and in their medical records.

The person in charge carries out a monthly audit on all medications received from the pharmacy. Inspectors noted that although errors were recorded in a notebook and feedback to the pharmacist, they were not recorded as a medication error.

3. Health and social care needs

Outcome 7
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:
Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings

The centre had sufficient GP cover, and the GPs provided an on call service at weekends. Residents had the option to retain their own GP, but where this was not possible the person in charge assisted them to transfer to the GP covering the

centre. Review of residents' medical notes showed that GPs visited the centre regularly. The sample of medical records reviewed also confirmed that the health needs and medications of residents were being monitored within a three-month timeframe

Residents had access to a range of other health services, including dietetic, chiropody, ophthalmology, speech and language therapy, hearing and dental services. A physiotherapist called to the centre each week and reviewed a number of residents'; an occupational therapist had begun assessing all residents' to ensure their seating arrangements were adequate. The clinical nurse manager had prioritised residents on this list to ensure those in greatest need were assessed first. A review of two residents' files confirmed that there was no delay in the referral system in place.

Inspectors examined two care plans and found that person-centered care plans were in place. Recognised assessment tools were used to promote health and address health issues.

These included assessments for risk of pressure ulcers, malnutrition, and falls risk and appropriate measures were put in place to manage and prevent risk. There was a strong emphasis on social care, with prescribed interventions within care plans to promote residents' social care needs, based on residents assessed preferences, interests and capacities. Three-monthly assessment and care plan reviews were completed, dated, and signed by staff. Residents and relatives spoken to confirmed that they had been involved in the initial assessment and ongoing care plan review and their involvement was recorded by staff.

All of the residents spoken to commented on the various activities available to them, including arts and crafts, playing cards, baking, exercise classes, gardening, cards, and importantly, the quite of their own rooms to relax.

Residents' were encouraged to maintain their personal interests. One resident, who loved gardening, maintained the flowers in the courtyards. Some female residents were observed knitting, one informed the inspector the squares knitted were stitched together to make blankets which were then donated to children in Crumlin children's hospital under going cardiac surgery.

For those residents with dementia there was evidence of activity focussed care including reminiscence, and music to enhance interaction and communication. Inspectors spoke with the dedicated activities person who also highlighted the one to one therapies available to residents such as hand massage and organised walks around the grounds. Rummage boxes were available upstairs and staff were observed assisting those with dementia to take part in activities. The activities co-ordinator confirmed she and a carer were commencing sonas training the following day.

Staff took residents' out on a weekly basis. One staff member explained how they had access to a taxi service, which facilitated wheelchair users; two carers normally accompanied a group of six to eight residents out to a local establishment for

afternoon tea and scones or to the local cinema. She explained how residents from the area loved driving by their home showing staff and other residents where they used to live.

Inspectors observed staff taking the time to reassure residents with dementia, speaking slowly, clearly and sensitively, and repeating the information to residents to ensure that the resident understood what was being said to them.

The centres' policy on the use of restraint included a direction to consider all other alternative interventions. Risk assessments were undertaken before any form of restraint was used and the resident and their next of kin were informed

Outcome 8
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:
Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings

Caring for residents at end of life was regarded as an integral part of the care provided in the centre. Although there was no resident receiving end of life care at the time of the inspection, the centres' policy on end of life care was available to inform practice.

Residents' documentation reviewed confirmed that residents' end of life care needs were assessed, documented and discussed with residents and relatives on admission or shortly thereafter. Staff members spoken to were knowledgeable about the residents' preferred religious practices, and wishes in relation including family members.

The person in charge confirmed that residents' at end of life were referred to St Francis home care team to advice on and support symptom management

Outcome 9
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

References:
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings

Residents informed inspectors they received a nutritious and varied diet and were offered choice at all mealtimes. Inspectors observed staff discussing the menu options for lunch with each resident.

Inspectors saw that residents who needed their food pureed or mashed had the same menu options as others and the food was presented in appetising individual portions. Residents who needed assistance with dining received such assistance from staff. Inspectors observed staff sitting with these residents and assisting them respectfully in all three dining rooms and to residents' who choose to dine in their bedroom. Residents told inspectors it was their choice where they dined.

The three dining rooms were decorated in a homely manner; table settings were pleasant and included condiments and appropriate place settings with napkins for all residents. Lunch was a pleasant, unrushed occasion. Staff members chatted with residents and encouraged discussion amongst them. Staff asked residents if they were satisfied with their meals.

Cold water dispensers and a variety of juices were available in common areas and staff regularly offered drinks to residents. Residents told inspectors that they could have tea or coffee and snacks any time. Inspectors observed residents' been offered fresh fruit, shakes, tea, coffee and biscuits between meals.

Residents had a nutritional assessment completed on admission and three monthly thereafter to identify those at risk of malnutrition. Residents were weighted monthly; those with weight lost were weighted more frequently. Records showed that residents with weight loss had been referred for dietetic review the outcome of which was recorded in their documentation.

4. Respecting and involving residents

Outcome 10
Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:
Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

Significant issues were identified in the review of resident's contracts with the centre. All contracts did not contain details of all fees levied. A non specific service charge of €25 was attached to some contracts with no explanation for same. Residents who were funded under one state payment had contracts that stated they were funded

under another state scheme. There were contracts signed by the HSE on behalf of residents with no indication they had been discussed with them.

Outcome 11
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:
Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Inspection findings

Inspectors found that residents received care in a respectful and dignified manner. Their capacity to exercise personal choice and autonomy was maximised and their views were sought and listened to.

All residents interviewed indicated that they had privacy in all aspects of personal care, which was observed by inspectors. The manner in which residents were addressed by staff was appropriate and respectful. Staff knocked before entering residents' bedrooms and waited for permission before entering. Privacy curtains were available to residents' in shared rooms and there were privacy locks in all bathrooms and toilets.

Daily life in the centre maximised the residents' capacity to exercise choice and personal autonomy. Residents told inspectors that they could decide whether to attend communal or individual activities, whether to eat in their bedroom or in a dining room they were facilitated in their choice. They confirmed that living in the centre did not restrict their preferred daily routine.

Contact with family members was encouraged and residents could meet with their visitors in the privacy of their own room, in the quite visitors' area on the corridor or in one of the three sitting rooms. Relatives confirmed there were no restrictions on visiting. Inspectors and all visitors to the centre were asked to sign the visitors' book displayed at the front desk.

Residents told inspectors that all activities are displayed on their notice board and if they have something special going on that will be on the notice boards, in the lift and in various places throughout the centre.

One resident gave the example of the date of their next residents' meetings, which took place during the inspection. Residents told inspectors they met on a monthly basis to discuss issues that affected them, they were satisfied that the person in charge addressed all issues brought to her attention and embraced changes requested by residents'.

A trained advocate visited the centre on a weekly basis to sit and chat to residents on an individual basis. Her contact details were available to residents' in the residents' guide, a copy of which was seen by inspectors in each resident's bedroom.

Outcome 12
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:
Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Inspection findings

Residents were encouraged to personalise their bedrooms. All residents had adequate storage space for their personal items including a lockable storage area in their bedside locker.

There was a well-established laundry system in place. The laundry room was well equipped and the laundry lady told inspectors about the different processes for different categories of laundry and demonstrated her knowledge of infection control in doing so. She demonstrated to the inspector how she ironed the residents' name on to each item of clothing. Residents' clothes were folded and returned to the resident's cupboards by the laundry lady. Residents and relatives expressed satisfaction with the service provided and the safe return of their clothes to them.

There was a policy in place for Residents' Personal Property and Possessions. However, practice did not follow the policy; inspectors noted that a list of residents' personal possessions other then valuables was not recorded on admission.

5. Suitable staffing

Outcome 13
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:
Regulation 15: Person in Charge
Standard 27: Operational Management

Inspection findings

The post of person in charge was full time and held by a registered nurse with the required experience in the area of nursing of older people. The assistant director of nursing employed fulltime also is responsible is the named key senior manager and assists her in her role.

The person in charge has completed a course in health care management. Inspectors observed that she had good leadership skills. She meets with the operations manager each week and with the provider once a quarter. All members of the team, spoken with were clear about their areas of responsibility and reporting structures and the management structure ensured sufficient monitoring of and accountability for practice. The person in charge's knowledge of the regulations and standards and her statutory responsibilities was sufficiently demonstrated to inspectors.

Inspectors found that clinical leadership was strong. The person in charge and assistant director of nursing had kept their clinical knowledge up to date and demonstrated a sufficient knowledge of clinical audit. The company had implemented a process for auditing information to identify trends to improve the quality of service and safety of residents.

Throughout the inspection process the person in charge demonstrated competence, insight and a commitment to delivering good quality care to residents informed by on-going learning and review of practice.

Outcome 14
There are appropriate staff numbers and skill-mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:
Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings

There was adequate staffing in place in the centre on the day of inspection. Review of rosters indicated that there was a lack of clarity around some shift times for staff in the centre. There were some concerns expressed in complaints that there was not adequate staffing at night, though no evidence was found to support this contention.

Staff files maintained in the centre were found to be up to date and contained all relevant documentation. All nursing staff had up to date registration with an Bord Altranais. Recruitment followed set policy and a review of a recently recruited staff member confirmed this. Garda Síochána vetting was in place for staff and volunteers.

Staff spoken with were clear in their knowledge of their roles and responsibilities. Care staff evidenced good knowledge of the specific needs of residents they were responsible for. Nursing staff could inform inspectors of residents' medical needs without reference to file notes. Staff were found to be generally positive towards their working environment and felt well supported.

Only four of the care staff in the centre at the time of inspection had completed Further Education and Training Awards Council (FETAC) level five training. All had completed required training in areas such as elder abuse and manual handling. The supervision of care staff rested primarily with senior care staff and not with staff nurses, a number of the senior care staff had not completed FETAC level five training.

Supervision by the person in charge of staff was noted to be comprehensive and effective. Much of the training provided is by the Mowlam groups own training staff or contracted trainers to the group. There did not appear to be evidence of external review or validation of these in house training courses.

6. Safe and suitable premises

Outcome 15
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:
Regulation 19: Premises
Standard 25: Physical Environment

Inspection findings

The purpose-built nursing home was fit for purpose as outlined on the statement of purpose. The environment was bright, clean and well maintained throughout. Residents reported that the centre offered a homely comfortable environment and told inspectors that they enjoyed the lifestyle provided.

Communal areas such and the open communal area had a variety of pleasant furnishings and comfortable seating. The use of signage was in line with best practice dementia care principles.

There were 50 single and three twin bedrooms, all with an en suite shower, toilet and wash-hand basin. Bedrooms were spread over the ground and first floor.

Residents' bedrooms were spacious, comfortable and personalised. There were ample toilets accessible to residents over both floors. There was an assisted bathroom and an assisted shower room on each floor. Inspectors observed that all windows on the first floor were restricted.

Residents had access to two secure courtyards containing garden furniture and potted plants for residents and visitors use. One resident informed inspector that she was responsible for caring for all the potted plants and hanging baskets, something she loved doing. Residents also had access to a small library/hairdressing room and a smoking room.

The kitchen was found to be well organized and equipped with sufficient storage facilities. Inspectors observed a plentiful supply of fresh and frozen food. There was a cleaning area separate from the kitchen containing all the required equipment.

There was appropriate assistive equipment available such as profiling beds, mobile hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. The wide corridors enabled easy accessibility for residents in wheelchairs or those with mobility aids. Handrails were available to promote independence. A lift was in use between both floors which residents had independent access to. Hoists and other equipment had been maintained and service records were up-to-date.

The three sluice rooms were key coded so residents could not access. Inspectors observed none of the three contained a stainless sink of draining board. The hairdressing room did not contain a separate sink for hand-washing

7. Records and documentation to kept at a designated centre

Outcome 16

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:

Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings

** Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Resident's guide

Substantial compliance ☒ Improvements required* ☐

Records in relation to residents (Schedule 3)

Substantial compliance ☒ Improvements required* ☐

General records (Schedule 4)

Substantial compliance ☒ Improvements required* ☐

Operating policies and procedures (Schedule 5)

Substantial compliance ☒ Improvements required* ☐

Directory of residents

Substantial compliance ☒ Improvements required* ☐

Staffing records

Substantial compliance ☒ Improvements required* ☐

Medical records

Substantial compliance ☒ Improvements required* ☐

Insurance cover

Substantial compliance ☒ Improvements required* ☐

Outcome 17
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

Inspection findings

Inspectors reviewed a record of all incidents that had occurred in the designated centre since the previous inspection and cross referenced these with the notifications received from the centre. Inspectors noted that one of the two incidents of abuse involving two residents and mentioned in outcome four had not been reported to the Authority within the required three working days. However, it was notified to the Authority on a quarterly return.

Outcome 18
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

References:
Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre
Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre
Standard 27: Operational Management

Inspection findings

There were appropriate arrangements in place for the absence of the person in charge. The assistant director of nursing deputises for the person in charge. Inspectors were informed that there have been no absences of the person in charge for such a length that required notification to the Chief Inspector of Social Services.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the operations manager and the person in charge, to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Sheila McKevitt

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

11 November 2011

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Provider's response to inspection report*

Centre:	Rush Nursing Home
Centre ID:	0155
Date of inspection:	6 and 7 September 2011
Date of response:	18 and 21 November 2011

Requirements

These requirements set out the actions that must be taken to meet 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*.

Outcome 1: Statement of purpose and quality management

1. The provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose did not include one of the twenty five matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

The organisational structure did not include the provider or the assistant operations manager.

Action required:

Compile a Statement of purpose that consists of all matters listed in 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 now contains an organisational structure which includes the registered provider and the operations manager.	Completed

Outcome 2: Reviewing and improving the quality and safety of care

2. The person in charge is failing to comply with a regulatory requirement in the following respect: Actions arising from meetings and reports are not recorded and reported when completed.	
Action required: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.	
Reference: Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: A new format for meetings has been introduced to ensure that problems identified at meetings are actioned and recorded.	Completed

Outcome 3: Complaints procedures

3. The provider is failing to comply with a regulatory requirement in the following respect: Not all "complaints" were being recorded as such and acted upon. The dual recording method showed specific anomalies in respect of a complaint in February 2011 being recorded as an issue but not subsequently entered as a complaint in the computerised system.

Action required: Record all complaints and the results of any investigations into the matters complained about. Ensure these records are in addition to and distinct from a resident's individual care plan.
Reference: Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We have ceased using the "issues log" and all complaints are now entered into our computer system.	Completed and ongoing

Outcome 4: Safeguarding and safety

4. The provider is failing to comply with a regulatory requirement in the following respect: Residents' money been held by the centre at the residents' request is currently lodged into the centres/companies bank account.
Action required: Put in place all reasonable measures to protect each resident from all forms of abuse including financial abuse.
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection Standard 9: The Resident's Finances

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Mowlam Healthcare is in the process of setting up a separate resident account.	End February 2012

Outcome 10: Contract for the provision of services

5. The provider is failing to comply with a regulatory requirement in the following respect: Contracts are not clear in detailing exact fees and include unspecified "service charge" in some cases. There are contracts that do not reflect the actual state support a resident is receiving.
Action required: Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.
Reference: Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: A new contract of care is now available. A review of existing contracts is under way to ensure all contracts are accurate and clear to include the fees to be charged.	End February 2012

Outcome 12: Residents' clothing and personal property and possessions

6. The person in charge is failing to comply with a regulatory requirement in the following respect: A record of each resident's personal property was not recorded on admission or thereafter.
Action required: Maintain an up to date record of each resident's personal property that is signed by the resident.
Reference: Health Act, 2007 Regulation 7: Residents' Personal Property and Possessions Standard 4: Privacy and Dignity Standard 17: Autonomy and Independence

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We have commenced documentation of all residents' personal property. Ongoing, all residents will have their property listed on admission as per policy and updated twice per year as a minimum. On admission recording of personal property will be the responsibility of the key worker with updating being the responsibility of the laundry assistant.	End January 2012

Outcome 14: Suitable staffing

7. The provider is failing to comply with a regulatory requirement in the following respect: The supervision of staff was not adequate. Carers were reporting to senior carers who had not completed any recognised training course.
Action required: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.
Action required: Supervise all staff members on an appropriate basis pertinent to their role.
Reference: Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A review of work practices is ongoing. I have expanded the role of the named nurse, and we now have teams of carers working as key workers who report directly to their supervising named nurse. All staff has undergone a comprehensive training programme. Care assistants have received or will receive the following training: ▪ fire ▪ people moving and handling ▪ elder abuse ▪ infection control	Ongoing

▪ CPR ▪ behaviours that challenge ▪ end of life care ▪ risk management training ▪ constipation management ▪ basic food hygiene ▪ incontinence product training ▪ prevention of pressure ulcers ▪ speech and language Additional training undertaken by staff nurses during 2011 includes: ▪ phlebotomy ▪ wound care principals and the treatment of pressure ulcers ▪ medication management We will continue to work towards having all care staff trained in FETAC level five within the time frame outlined in the regulations.	

Any comments the provider may wish to make:

The management and staff of Rush nursing home would like to thank the two inspectors who visited the home. They were courteous and friendly to residents, visitors and staff alike.

Provider's name: Pat Shanahan
Date: 18 November 2011