

**Health Information and Quality Authority  
Social Services Inspectorate**

**Inspection report  
Designated centres for older people**



<b>Centre name:</b>	Creevelea House Nursing Home	
<b>Centre ID:</b>	0129	
<b>Centre address:</b>	Laytown	
	Co. Meath	
<b>Telephone number:</b>	041-9827178	
<b>Fax number:</b>	041-9813569	
<b>Email address:</b>	creevlea10@gmail.com	
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>	
<b>Registered provider:</b>	Creevelea House Limited	
<b>Person in charge:</b>	Ms. Ashmi Cheriam (Acting)	
<b>Date of inspection:</b>	18 March 2011	
<b>Time inspection took place:</b>	<b>Start:</b> 15:00 hrs	<b>Completion:</b> 18:00 hrs
<b>Lead inspector:</b>	Nuala Rafferty	
<b>Support inspector(s):</b>	Florence Farrelly	
<b>Purpose of this inspection visit</b>	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection	

## About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow-up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being 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

Creevelea House Nursing Home is a converted residential dwelling house providing care to persons up to and over 65 years with a range of complex needs which includes dementia care, challenging behaviour, physical and intellectual disabilities, mental health issues and end of life care.

The centre provides care for up to 44 residents. It is a single-story building consisting of 25 single (one bedroom has been converted into an office space and two other single rooms are now being used as a clinical room and store room) three twin-bedded, three three-bedded and one four-bedded bedrooms.

Two of the three-bedded rooms share an en suite shower, wash-hand basin and toilet. The four-bedded room has an en suite toilet and wash-hand basin. The remaining bedrooms do not have en suite facilities.

Other facilities include a small porch, a hallway, two sitting rooms, one dining room, one visitors' room with conservatory, one main kitchen, a laundry, a sluice room, three store rooms, one nurses' office, one office for the person in charge and an administration office, one staff changing area, an oratory, four assisted toilets, one non-assisted toilet, three assisted showers, one non-assisted shower and one assisted bath.

The centre is surrounded by a low wall at the front with two entrances / exits overlooking the sea. The centre is situated on approximately two acres which consists of a small front and large rear garden. The rear garden is enclosed by two six-foot high walls at the sides and a wooden fence at the back. It is predominantly lawned, with a small perimeter pavement around the edges of the building. There is a small enclosed garden for residents use.

There are a limited number of parking spaces at the main entrance and delivery entrance for staff and visitors use.

### Location

Creevelea House is situated on the main Laytown to Bettystown Road in County Meath.

<b>Date centre was first established:</b>	1985
<b>Number of residents on the date of inspection</b>	27
<b>Number of vacancies on the date of inspection</b>	*9

\* Vacancies based on information received from person in charge that bed numbers reduced to 36 on last follow up inspection on 7 March 2011

Dependency level of current residents	Max	High	Medium	Low
Number of residents	8	7	6	6

### Management structure

Creevelea House Nursing Home is owned by Creevelea House Limited. The nominated person on behalf of the Provider is Mr. Peter Murphy. The post of Person in Charge is currently vacant. The recently appointed clinical nurse manager Ms. Ashmi Cheriam is acting as Person in Charge. All staff including nursing, care assistants, household and ancillary report directly to the acting Person in Charge who reports to Mr. Murphy. A part time General Manager has recently been appointed who reports 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	2	2	2	1	0	*1

\* activities coordinator

## Background

Creevelea House Nursing Home was first inspected by the Health Information and Quality Authority (the Authority) on 31 March 2010 and 1 April 2010. This was a triggered, unannounced inspection in response to information received by (the Authority). As a result of findings on the inspection and ongoing concerns regarding the welfare of residents, three subsequent follow-up inspections were carried out on 02, 05 and 13 April to monitor the service. The report for this inspection can be found on [www.hiqa.ie](http://www.hiqa.ie).

Further inspections were carried out on 07 May 2010 and 16 June 2010 to monitor the care and welfare of residents. Please note, this inspection report should be read in conjunction with the overview of regulatory activity with this centre which is available online from [www.hiqa.ie](http://www.hiqa.ie)

The provider attended a meeting with the Authority in their Smithfield in April and July 2010 to discuss ongoing concerns.

A registration inspection was carried out on 29 and 30 November and 01 December 2010 and further follow-up inspections on 03, 07, 14 and 23 December 2010.

Inspectors found there were serious risks to the health and welfare of residents due to a failure by the provider to meet the requirements of 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*.

There were significant concerns for the care and welfare of residents due to:

- failure to ensure the general welfare and protection of residents
- lack of suitable and sufficient care
- lack of governance

During the inspection the provider was required to take immediate action to address these issues, particularly in relation to the lack of heat in the centre, the safety and security of the premises further to two recent unauthorised entries, several power outages and a gas leak.

Inspectors also identified that significant improvements were required in relation to maintaining the safety of residents, the transparency of financial processes and contingency arrangements in the event of an emergency. Further improvements were also required in the area of risk management, recruitment and vetting, the quality of assessment and care planning for residents presenting with complex needs and the design, layout and maintenance of the premises.

Subsequent to the follow up visit on 23 December 2010, a second emergency Action Plan was issued to the provider in relation to a smell of gas from defective equipment in the kitchen.

A further follow-up inspection took place on 07 and 08 March 2011. The inspection was unannounced and focused on the implementation of 13 actions of the action plan issued to the provider. The provider had completed one, partially completed three and not completed nine out of the 13 actions required by the Authority.

During the course of the inspection further issues were noted which were of serious concern in relation to:

- lack of suitable and sufficient care
- healthcare needs
- appropriate staffing
- maintenance
- infection prevention and control

An emergency action plan was issued to the provider at the conclusion of the inspection and a further action plan was developed requiring the provider to address these areas in line with legislation and standards.

## Summary of findings from this inspection

This inspection was conducted to monitor the level of residents' welfare and protection. The inspection looked at the healthcare delivered specific to a sample number of residents and assessed the implementation of some security measures in place to ensure residents safety.

This follow-up inspection partially reviewed eight actions from the last inspection of 07 and 08 March 2011

The provider had completed aspects of three, partially completed one and not completed three out of the eight actions partially reviewed by the Authority.

One action could not be determined as the resident involved had transferred to an acute facility.

Some improvements in maintenance of equipment and implementation of security measures were found. However, issues in relation to the care planning process and evaluation of care delivered risk management and infection prevention and control continue to be found.

All other actions contained in the report of 07 and 08 March 2011 and a full review of the actions covered in this inspection will be reviewed and monitored at a further follow up inspection.

## **Actions reviewed on inspection:**

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

All reasonable measures were not put in place to provide suitable and sufficient care for one identified resident.

Ensure suitable and sufficient care is put in place.

Ensure a full medical review is carried out immediately.

Ensure appropriate palliative care interventions are put in place immediately

This was an emergency action plan issued to the provider immediately following the last inspection.

The appropriate implementation or otherwise of this action could not be determined as this resident was transferred to an acute facility following the last inspection.

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

Failure to ensure the general welfare and protection of residents at all times.

Provide safe and secure premises, equipment and staffing which ensures the general welfare and protection of residents at all times through the provision of adequate security and all other protective measures as may be required.

Ensure all protective measures currently in place are implemented at all times and that staff are familiar with and knowledgeable on all such measures.

Establish clear policies and procedures on the provision and ongoing review of security and protection of residents and staff under health and safety and all other relevant legislative requirements.

Ensure all staff are knowledgeable in respect of these policies and procedures.

Establish safe systems for monitoring and reviewing all safety systems and protective measures put in place.

Establish a system which audits and reviews such safety systems and protective measures on a regular basis and no less frequently than annually.

Initiate an immediate and thorough review of all aspects of the premises and equipment both internal and external and make a report on these reviews to the Authority within three months of receipt of this report.

This review to be undertaken by persons with relevant expertise and qualifications and to include recommendations for improvement within reasonable timeframes.

Undertake to implement all recommendations made by the qualified persons in the review within a reasonable timeframe to be agreed by the Authority.

All aspects of this comprehensive action was not reviewed on this inspection. Action two was reviewed in relation to the implementation of protective security measures in place.

Evidence of implementation was found in respect of both front and rear doors of the centre were closed on arrival to the centre and on checking later inspectors found that the rear door remained closed. On enquiry a staff member told the inspector that all staff knew the key code access number for the door but could not divulge same for security reasons.

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

Initial and continuous assessment, monitoring and evaluation of residents' changing needs was not reflected in the care plans. Care plans, risk assessments and nursing evaluations were not linked and are not consistent. Care plans were not specific enough to address and manage the identified need of the residents

Ensure each resident has their needs set out in an individual care plan and keep it under formal review as required by the resident's changing needs or circumstances and no less frequently than every three months.

Put systems in place to ensure that all residents' identified needs are set out in an individual care plan developed and agreed with each resident.

Ensure that all issues such as falls, risks or challenging behaviour are addressed in the care plan and that the care plan is adequately specific to address the need identified.

Ensure that care plans in place consistently reflect residents' current health status.

This action was not addressed. On review of a sample number of residents care plans evidence of regular three monthly reviews were not found. In the case of two residents, two or more care plans had not been reviewed during the previous six months and did not reflect residents' current health status.

All identified needs were not included in the care plans for example in the case of a resident exhibiting pain during dressing of wounds, a care plan for pain management was not in place and reference to pain relief was not included in the wound care plans

Not all care plans were specific enough to address the need identified, where wound care plans were in place for the same resident they did not reference monitoring by or instructions from the wound clinic tissue viability nurse, for example the need to observe bleeding from a skin graft site.

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

Appropriate and timely access to relevant health care services based on residents' assessed needs was not facilitated.

Ensure all residents are facilitated to access relevant health care services as may be required.

Ensure all residents are provided with appropriate medical care which includes regular three monthly reviews of residents' general condition and medication.

Provide such services as may be required or enter into discussion with the health service executive to ensure the ongoing provision of services and/or supports which meets the needs of all residents in the current residents profile.

Ensure that records are maintained of all actions referrals, recommendations and follow up appointments in a complete manner.

This action was addressed. Further to the last inspection and concerns raised, the Authority contacted the HSE who arranged a full review of the healthcare needs of all residents in the centre by a team of medical, psychiatric and palliative consultants. As a result all residents were assessed and reviewed and recommendations for improved healthcare made. On review of a sample number of residents' documentation evidence of ongoing monitoring and review by the medical officers attached to the centre was found.

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

Special dietary needs of all residents were not being met.

The recording of food and fluid intake where required was not in place to determine residents' nutritional intake on a daily basis.

Establish a system which ensures that the special dietary requirements of all residents is met and changes, when they occur are communicated in a timely fashion.

Establish a system which ensures that the recording of food and fluid intake for those residents who require it is put in place.

Establish a system to accurately and in detail record the daily nutritional intake of all residents as required.

Review and revise all arrangements for provision of food and fluids and nutrition management on an ongoing basis.

This action was not addressed. Evidence that resident's healthcare and specifically dietary needs were being met was not found. A diet sheet was not available to the chef in the main kitchen.

The chef told the inspectors there were now 14 residents who required soft diets and four diabetic diets no other special diets were required. However in conversation with two of the nursing staff the inspectors learned that two residents were on high calorie/high protein diets, one on high fibre/low sodium and one on high fibre/low carbohydrate.

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

A system of ongoing maintenance which ensures premises and equipment are kept in a good state of repair was not in place.

Ensure all parts of the centre are kept clean and suitably decorated.

Establish a maintenance programme to ensure the premises and all equipment is maintained in a good state of repair at all times and that equipment provided is maintained in good working order.

Review the maintenance programme on a regular basis and no less frequently than every six months and update as required.

All aspects of this action was not reviewed, however specific to the repair of equipment, inspectors found that equipment previously not in working order had been repaired and an appropriate splash back had been installed behind the gas cooker.

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

Risk management policies and procedures in place were not consistently implemented.

Ensure that a comprehensive risk management policy is in place and that it is implemented by all staff throughout the designated centre.

Ensure all staff are aware of the policies and procedures in place to manage risks in the centre.

Ensure staff are aware of their roles and responsibilities in relation to risk management and the safety and protection of residents at all times.

Provide additional training or information sessions where necessary to update staff in relation to risk management their roles and responsibilities.

This action was partially addressed.

On review of safe disposal of clinical waste, inspectors found that safe and appropriate management of clinical waste was still not in place. Two large clinical waste bins were provided for the disposal of clinical waste material. These bins were found to be partially full of waste and remained unlocked in the centre grounds. However, as identified under action one above, staff were aware of their responsibility to manage risks in association with the safety and protection of residents and access to the centre was limited with both entrances to the centre remaining locked at all times during the inspection.

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

Systems, practices and sufficient staffing were not in place to provide a good standard of hygiene.

Review all systems and practices and provide sufficient staffing to establish and maintain a good standard of hygiene which meets best practice in relation to infection control .A thorough deep clean of the kitchen is required.

This action was not addressed.

Infection prevention and control practices were slightly improved. Cleanliness of the main kitchen was improved, the floor was swept and washed and work surfaces were tidy. A stainless steel splash back was in place behind the gas cooker. However, the wall tiles above the wash hand basin remained obviously unclean with grime and spillage from the soap dispenser. The alcohol gel disinfectant dispenser beside the wash hand basin remained empty. A cleaning schedule was viewed and did not indicate that a deep clean of the kitchen had taken place. The catering assistant was moving between the kitchen and the dining room without use of personal protective equipment such as gloves, hat or apron.

#### ***Report compiled by:***

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

01 April 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
31 March 2010, 1, 2 , 5 and 13 April 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
May 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced
June 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced
August 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced
29, 30 November 1 December 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
3,7 14 and 23 December 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced
07 and 08 March 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced

**This inspection was a monitoring inspection for internal purposes and, due to pending legal action by the Authority, was not issued to the provider.**