

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Atlanta Nursing Home
Centre ID:	0010
Centre address:	Sidmonton Road
	Bray
	Co Wicklow
Telephone number:	01 2860398
Fax number:	01 2861947
Email address:	tomcahill@eircom.net
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Atlanta Private Nursing Home Ltd.
Person in charge:	Wendelleah Carcallas
Date of inspection:	4 July 2011
Time inspection took place:	Start: 10:00 hrs Completion: 17:50 hrs
Lead inspector:	Linda Moore
Support inspector:	Carol Grogan and Marian Delaney Hynes
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input checked="" 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

Atlanta Nursing Home was established in 1976 and the current provider took ownership in 1987. The service provides 43 residential places to male and female residents, with the majority of residents over the age of 65. On the day of the inspection, some residents had dementia related conditions and many others have mental health issues.

The centre is a three-story period building, with a single-story extension to the rear. The upper levels can be accessed by stairs and lift.

The communal areas are on the ground floor. These include a recreation room, television-cum-dining room, dining room and a second combined sitting and dining room in the conservatory which leads to the back garden. The relatives' room and prayer room are also located on the ground level. Residents are permitted to smoke in the television room.

There are twelve single bedrooms of which nine are en suite, fourteen two-bedded rooms, five of which are en suite and one three-bedded room. Some of the en suites have a shower as well as toilet and wash-hand basin. There are also three showers, two of which are wheelchair accessible. All rooms without en suites have a wash-hand basin. There are two toilets near the communal areas on the ground floor - one of these is wheelchair accessible.

The extension to the rear of the building includes staff shower and toilets and a small treatment room.

Location

Atlanta House is situated close to the promenade in Bray, Co Wicklow. It is within a 10 minute walk of the local train and bus services.

Date centre was first established:	1976
Number of residents on the date of inspection:	43
Number of vacancies on the date of inspection:	0

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	16	8	19

Management structure

Atlanta Private Nursing Home Ltd is owned by Thomas and Noeleen Cahill. For the purpose of the report, Thomas Cahill is referred to as the Provider and Noeleen Cahill as the Administrator - both are nurses by profession. The Person in Charge is Wendelleah Carcallas and she reports to the Provider and is supported in her role by the Administrator. The Administrator works in the absence of the person in charge. The nurses report to the Person in Charge and the care staff report to the senior carer who in turn reports to the nurse on duty. The maintenance and cleaning staff report to the Housekeeper who in turn reports to the Person in Charge. The Chef and kitchen assistants report to the Catering Manager, who in turn reports to the Person in Charge. The receptionist and accounts personnel report 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	1	6	1	1	0	1

The provider is a nurse and was rostered to work from 8.00 am to 8.00 pm.

The physiotherapist works 10.00 am to 2.00 pm three days per week.

The person in charge works 8.00 am to 5.00 pm.

Six carers work until 2.00 pm, three carers from 2.00 pm to 8.00 pm.

Background

This was a follow up inspection and the third inspection carried out by the Authority. This centre had a registration inspection in May 2010. A follow up inspection was carried out on the 18 and 19 January 2011.

Since the last inspection, a meeting was held with the provider, administrator and person in charge on 2 March 2011 to discuss the findings of the January 2011 inspection and the action plan submitted.

The Authority received information of concern about medication management practices and financial management. Aspects of these concerns were reviewed as part of this inspection.

The provider had made an application to vary registration conditions and this was followed up on this inspection.

Summary of findings from this inspection

Inspectors reviewed all the actions and recommendations outlined in the report of the inspection dated 18 and 19 January 2011. The provider had addressed three actions, partly addressed four actions and not addressed five actions.

The provider and person in charge had made some improvements in the area of fulfilment, staff training and the development of policies

Inspectors found the service did not meet all of the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) or the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Following the inspection, the provider and person in charge were required to submit the immediate action plans to address the following areas of immediate concern:

- inspectors found that poor management of residents with behaviours that challenge posed a risk to other residents
- inspectors were concerned about the lack of appropriate action taken by the provider and person in charge where a resident may have been harmed or suffered abuse
- inspectors found there was an unregistered nurse carrying out the duties of a nurse on duty on the day of the inspection
- there were unsafe practices around the administration of medications.

A meeting was held with the provider on 21 July 2011 to discuss these and other issues.

The Action Plan at the end of this report identifies further areas for improvements required to meet the Regulations 2009 and the Standards and maintain residents' safety.

Issues reviewed in addition to those from the previous action plan

Recruitment

The provider employed a member of staff without obtaining all information and documentation specified in Schedule 2 of the Regulations. Inspectors found there was an unregistered nurse on duty carrying on the duties of a nurse. A review of this person's file did not include verification of registration with the appropriate professional body. A check of the registration status of this person on the website of the professional body showed she was unregistered. This staff member was rostered on duty on 13, 14 and 15, 23, 24 and 26 June and 1 July 2011. The provider was required to address this issue in the immediate action plan.

On a subsequent visit to the centre on 10 July 2011, the nurse was found to be registered with An Bord Altranais.

Management of Medication

Inspectors received information about medication management practices in the centre. The provider was given details of the information the Authority had received and was required to carry out an investigation and submit the report of this to the Authority. This was received by the Authority.

Inspectors observed medication administration practices, reviewed medication records and spoke to the unregistered nurse who administered medication. Inspectors found that the person in charge had not ensured that staff were familiar with the policies and procedures relating to the appropriate administration of medicines to residents.

Inspectors saw the unregistered nurse administering medications to residents, when questioned by inspectors they found she was unfamiliar with the medications she had administered and the systems in place in the centre for the safe administration of medications. She was observed administering medications after referring to the pharmacy medication administration sheet (dispensing record) and not the prescription. These practices are not in line with the centre's own policy and professional guidance. These poor practices posed a significant risk to the safety of residents.

The provider was required to address this issue in the immediate action plan. The provider arranged for this nurse to receive medication management training. However, during the inspector's visit to the centre on 10 July 2011, this nurse was found to be administering medications without supervision, prior to the medication management training.

Residents' Finances

Robust arrangements were in place for the management of residents' finances. At the time of inspection the provider was introducing a computerised system to manage this going forward.

Actions reviewed on inspection:

1. Action required from previous inspection:

Revise the policy and procedures to include appropriate information on prevention, detection and responding to abuse.

This action was addressed.

The person in charge had amended the prevention, detection and response to abuse policy and staff had signed that they read this. Two staff members had attended the "Train the Trainer" course on Detection and Prevention of Elder Abuse.

2. Action required from previous inspection:

Record any incidence and take appropriate action where a resident may have been harmed or suffered abuse.

This action was not met.

Inspectors were concerned about the lack of appropriate action taken by the provider and person in charge where a resident may have been harmed or suffered abuse. While the policy was revised since the previous inspection, the provider and person in charge did not implement the policy when a resident was harmed.

From discussion with the person in charge, it became apparent that she continued to have a lack of awareness of her role as defined in the policy. This was identified at the two previous inspections and despite the person in charge having received training in this regard she was still not knowledgeable about her role.

Inspectors read the investigation into a recent incident of alleged abuse and noted that the provider and person in charge did not carry out the action they decided to take to prevent further incidents and keep residents safe.

3. Action required from previous inspection:

Take all reasonable measures to prevent accidents to any person in the designated centre.

Update the risk management policy to include the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

This action was addressed.

The risk management policy was updated to include the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

The person in charge completed a risk management and audit education day on 31 May 2011 and told inspectors that while she collected monitoring data she had not commenced any audits as yet.

4. Action required from previous inspection:

Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

This was not fully addressed.

Following the last inspection, the provider showed he had implemented procedures to provide cover for staff attending training courses, to ensure there would be adequate staffing numbers on duty.

While there was appropriate staff numbers in the centre, inspectors were concerned that one of the two nurses on duty was not registered with An Board Altranais.

5. Action required from previous inspection:

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

The need of each resident based on a comprehensive assessment process is to be set out in an individual care plan developed and agreed with each resident.

This action was partly addressed.

Inspectors noted that there were improvements in this area since the previous inspection. The administrator had attended a three day course on communications in dementia and was in the process of implementing the learning from this course by introducing individual activity assessments and care plans for residents.

Inspectors observed that a number of residents were provided with opportunities to participate in activities appropriate to his/her interests and capacities. While this was the case, there were some areas for development in relation to fulfilment. Activities for residents in the front sitting room required improvement as they did not have the same opportunity as other residents to avail of the fulfilment opportunities as other residents.

6. Action required from previous inspection:

The need of each resident based on a comprehensive assessment process is to be set out in an individual care plan developed and agreed with each resident.

This action was partly addressed.

The provider said this would be completed in December 2010 and this was identified again on the inspection in January 2011 but it was yet to be completed.

Inspectors read the updated assessments in residents' files. A review of a number of care plans showed they were person-centred and contained key information in relation to the residents. However, this was not always the case. Inspectors noted from a review of the residents' records that their needs were not always set out in an individual care plan developed and agreed with each resident. In many cases the care plans would not guide the care to be delivered to the resident. For example, one resident who had fallen six times in six months had only one care plan which referred to her falls but this did not guide the care to be delivered. One residents care plan stated a resident required a "soft diet", but the inspectors saw the staff giving the resident slices of hard fruit to eat.

7. Action required from previous inspection:

Put a system in place to ensure the policy on behaviours that challenge is used to inform practice.

This action was not addressed.

The provider said the action was complete. He stated that individualised robust and comprehensive care plans are being consistently developed and the ABC form (a behavioural monitoring log) was now in place. This was not what was viewed by inspectors.

Inspectors noted that a high standard of evidenced based nursing practice was still not being delivered in relation to behaviours that challenge. There was a behaviour that challenges policy. However, it was not being used to guide the care delivered.

Inspectors reviewed the behaviour log for one resident, which showed that a resident with behaviours that challenge had assaulted other residents eight times over a five month period. This resident had a care plan for this behaviour, but this did not guide the care to be delivered or to minimise the risk of this resident's behaviour on other residents.

There was no supervision of residents in the front sitting room. In particular a resident with a history of behaviours that challenge was left unsupervised in this room from 11.05 am to 11.40 am apart from two staff members visiting this room for short periods. Inspectors observed this resident becoming agitated at times. The

person in charge or staff could not describe the supervision arrangements in place in this room or for the resident. This practice put other residents at potential risk of injury.

8. Action required from previous inspection:

Provide suitable equipment as required by residents.

This action was not addressed.

The provider said that "there was ongoing training with staff to assess residents with their seating needs on a daily basis and intervention when necessary". This was not the case and for the third time, inspectors observed a number of residents sitting in ill fitting and inappropriate chairs. Residents were seen to be falling forward and leaning over the arms of the seats as the seating provided had poor posture supports. This needs to be addressed as a priority.

9. Action required from previous inspection:

Provide sufficient number of toilets, showers and baths for residents.

Ensure the physical design and layout of the premises meets the needs of each resident.

This action was not fully addressed.

The provider said this part of the action would be completed within the 6 year time scale.

Since the previous inspection, bedrooms number 20 and 27 were only used by independent residents. The statement of purpose needs to be revised to include this.

10. Action required from previous inspection:

Maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

This action was ongoing.

The person in charge gathered information on such areas as use of bedrails, residents with MRSA and falls. However, further work needed to be undertaken to identify possible trends and improve the quality of service and safety of residents.

11. Action required from previous inspection:

Notify the Authority of any incidences as referred to in the Regulations.

This action was not addressed despite being a requirement in the two previous inspection reports.

In his response to the previous action plans the provider said "the Person in Charge will notify the Authority of all incidents as per the Regulations". This was not the case. The inspectors noted only that only three of the eight incidents where residents were assaulted by another resident were notified to the authority. The person in charge also did not notify the Authority of the allegation of suspected abuse by a staff member.

12. Action required from previous inspection:

Revise the policies including those outlined in Schedule 5 of the Regulations and disseminate these to staff.

This action was complete and was ongoing.

Inspectors read the policies and noted they were centre-specific. Staff had signed they read these.

13. Action required from previous inspection:

Ensure staff files contain the required information as contained in Schedule 2 of the Regulations.

This action was on going.

The staff files still do contain the information as defined in Schedule 2 of the Regulations and the person in charge was actively seeking this.

Report compiled by:

Linda Moore

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

5 July 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
13 and 14 May 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
18 ad 19 January 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Atlanta Nursing Home
Centre ID:	0010
Date of inspection:	4 July 2011
Date of response:	15 August 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 person in charge has failed to comply with a regulatory requirement in the following respect:

The person in charge failed to take appropriate action when residents suffered harm or abuse.

Action required:

Take appropriate action where a resident may have been harmed or suffered abuse.

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection
Standard 8: Protection

* 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>We take, and will continue to take, appropriate action. Robust policies on abuse are in place to guide practice. The introduction of Minimum Data Set will add to the development of evidence based assessment of residents. Introduction to be complete by end December 2011.</p>	December 2011

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

A high standard of evidence based best practice was not delivered in relation to behaviours that challenge.

Action required:

Provide a high standard of evidence based nursing practice.

Reference:

Health Act, 2007
 Regulation 6: General Welfare and protection
 Standard 21: Responding to behaviours that Challenge

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The introduction of the new Minimum Data Set, coupled with continuous staff training will enhance our ability and show that we deliver appropriate evidence based, personalised and person centred care. Documenting behaviours that challenge in the ABC form and incident report will provide more evidence based practiced delivered to residents. Introduction commenced and scheduled for completion by end of December 2011.</p>	December 2011

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

The provider employed a member of staff without obtaining all information and documentation specified in Schedule 2 of the Regulations.

All other staff files still did not contain the required information as contained in Schedule 2 of the Regulations.

Action required:

Obtain all information as contained in Schedule 2 of the Regulations.

Reference:

Health Act, 2007
 Regulation 18: Recruitment
 Standard 23: Staffing Levels and Qualifications

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

Timescale:

Provider's response:

All staff files completed.

Completed

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

Residents' needs were not set out in an individual care plan developed and agreed with each resident.

Action required:

The need of each resident based on a comprehensive assessment process is to be set out in an individual care plan developed and agreed with each resident.

Reference:

Health Act, 2007
 Standard 2: Consultation and Participation
 Regulation 8: Assessment and Care Plan
 Standard 11: The Resident's Care Plan

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

Timescale:

Provider's response:

All care plans are currently under review in conjunction with the new Minimum Data Set. This will clearly show the inter relationship and link between assessment instruments, assessment protocols and personalised care planning.

Introduction by end of December

<p>Training for all staff has commenced and is ongoing. Training records are available for inspection in this regard.</p> <p>Care plan will be audited on a three-monthly basis using the three-monthly reassessment in the Minimum Data Set.</p>	<p>Overall effectiveness assessed February 2012</p> <p>Audit during January 2012</p>
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5. The person in charge has failed to comply with a regulatory requirement in the following respect:

All staff were not familiar with the practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

Action required:

Ensure that staff are familiar with practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

Reference:

Health Act, 2007
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

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

Timescale:

Provider's response:

Medication Management policies are in place. Staff nurses read and signed that they understand the policy.

All staff nurses have undergone training on Medication Management and in-house induction from our own chemist.

Medication audit done monthly by the PIC and follow up meetings are held to the outcome of these audits.

Completed

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

Suitable equipment such as appropriate seating was not provided for residents.

Action required:

Provide suitable equipment as required by residents.

Reference: Health Act, 2007 Regulation 19: Premises Standard 13: Healthcare	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: An audit of our current provision is underway. Some seating has already been replaced after assessment and further seating will be purchased for the comfort of the residents and as per recommendations by the in house Physiotherapist. Further training and education for the staff will be given by our Physiotherapist on his return to work.	Part Complete and to be finalised by End of November

7. The person in charge has failed to comply with a regulatory requirement in the following respect: The systems in place for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre needed further development.	
Action required: Maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.	
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: Series of audits are allocated monthly and the findings of each audit are discussed for any further action. <u>Audits are:</u> Clinical practice, Residents record, Falls, MRSA, Wound, Linen Storage, Bagging and Disposal, Sharps handling & Disposal, medication, Environment, Sluice Room, Waste Disposal.	Completed

A Monthly meeting is held for different departments to address any issues and concerns arising from the audits.	
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<p>8. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>The person in charge did not make notifications to the Chief Inspector.</p>	
<p>Action required:</p> <p>Notify the Chief Inspector of any incidences as referred to in the Regulations.</p>	
<p>Reference:</p> <p style="padding-left: 40px;">Health Act, 2007 Regulation 36: Notification of Incidents Standard 29: Management Systems</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>A notification was submitted to Chief Inspector.</p>	<p>26/09/2011</p>

Any comments the provider may wish to make:

Provider's response:

It is not unreasonable to say that many nursing homes have probably underestimated the timescales involved in certain instances for embedding new evidence based policies and procedures in their nursing homes. While a provider can honestly aspire and genuinely intend to achieve/complete an action within a specific timeframe, the reality is that nursing homes are in a "live", ever changing environment. Priorities can change on an hourly, never mind daily, basis. The Authority should acknowledge the ongoing effort in this regard.

We support the ethos behind the Standards but there appears to be a gap emerging between the stakeholders, including the Authority, as to implementation.

Too much anecdotal evidence is beginning to emerge as to the inter-relationship between the Authority and nursing homes. This is not in the best interests of either party, or most importantly, the Residents. An appropriate time has now passed whereby a realistic evidence based review of the implementation process can take place. The product of such an exercise would introduce more clarity into the process. The many experiences encountered could only enhance the delivery and professional reputation of our services and continue to increasingly safeguard the interests of our residents.

Under no circumstances do we wish these comments to be taken as a negative response. We would hope that they are viewed as a positive and constructive way of promoting a better understanding between nursing homes and the Authority, where everyone aspires towards better service delivery.

Provider's name: Atlanta Private Nursing Home Ltd.

Date: 15 August 2011