

Health Information and Quality Authority  
Social Services Inspectorate

Regulatory Monitoring Visit Report  
Designated centres for older people



<b>Centre name:</b>	Ratoath Manor Nursing Home
<b>Centre ID:</b>	0152
<b>Centre address:</b>	Ratoath
	Co Meath
<b>Telephone number:</b>	01-8256101
<b>Fax number:</b>	01-8256026
<b>Email address:</b>	mmcalister@silverstream.ie
<b>Type of centre:</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
<b>Registered providers:</b>	Ratoath Nursing Home Limited
<b>Person in charge:</b>	Monina McAlister
<b>Date of inspection:</b>	17 May 2012
<b>Time inspection took place:</b>	<b>Start:</b> 10:00 hrs <b>Completion:</b> 15:40 hrs
<b>Lead inspector:</b>	Sheila McKeivitt
<b>Support inspector:</b>	N/A
<b>Type of inspection:</b>	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
<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"/> Regulatory Monitoring Visit Report

## 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 on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate 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
- for centres that have not previously been inspected within a specific timeframe, a one-day regulatory monitoring visit may be carried out to focus on key regulatory requirements.

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

Ratoath Manor Nursing Home is a two-story building situated in Ratoath village, County Meath. It has been in operation since 1954. Silver Stream Health Care purchased the building in 2000.

The centre has 63 beds providing services to persons predominantly over the age of 65 years requiring long term, respite, convalescence, dementia care and those with a history of mental health problems. Accommodation is provided over two floors accessible via a lift and stairs.

The ground floor unit provides accommodation for up to 22 elderly frail residents. It has 15 single rooms, 10 of which are en suite, one has a toilet, wash-hand basin and shower, nine have a toilet and wash-hand basin en suite. The remaining five have wash-hand basins in the room. Two twin rooms are en suite one of which has a toilet, wash-hand basin and shower the other does not include a shower. The three bedded room has a wash-hand-basin. There is a large sitting room and an additional quiet sitting area located just off the corridor. The main kitchen is situated off the dining room. An oratory, mortuary, hairdressing salon, laundry and smoke room are also located on this floor. There are two assisted showers, a separate assisted bathroom and five assisted toilets. Both sitting areas overlook the garden which residents can access independently via a number of exit doors on the ground floor.

St Oliver's unit is a 20-bedded secure dementia-specific unit. Accommodation comprises 17 single rooms, 15 with wash-hand basins, two with a toilet and wash-hand basin en suite and one three bedded room with a toilet, wash-hand basin and shower en suite. There are two sitting rooms, separate dining areas for residents and staff, two assisted baths, an assisted shower and four assisted toilets.

St Pat's unit is a 21 bedded secure unit for psychiatry of old age. Accommodation consists of six single rooms, five twin rooms and a three bedded room, all with wash-hand basins. There is one five bedded room with an en suite toilet, shower and wash-hand basin. There are two assisted baths, a separate assisted shower and four assisted toilets. The unit has a sitting room, dining room and dedicated smoke room. A roof garden is accessible to residents from St Pats It is safe and secure.

### Location

The centre is located in the heart of Ratoath village within walking distance of all local amenities.

<b>Date centre was first established:</b>	1 January 1954
<b>Number of residents on the date of inspection:</b>	61
<b>Number of vacancies on the date of inspection:</b>	2

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	12	16	18	14

### **Management structure**

Ratoath Nursing Home Limited is the registered Provider. Joseph Kenny is the named person responsible on behalf of the company. The Person in Charge, Monina McAllister reports to the operations manager, Gary Downey. They are supported in their roles by a maintenance manager and finance manager, all of whom report to Joseph Kenny.

On a day-to-day basis, the Person in Charge is supported by an assistant director of nursing, an administrator and three staff nurses who are team leaders, one assigned to each specific unit. The cleaning, laundry, administration and care staff report to the person in charge. The catering staff are managed by an external catering company, the head chef reports to the person in charge.

<b>Staff designation</b>	<b>Person in Charge</b>	<b>Nurses</b>	<b>Care staff</b>	<b>Catering staff</b>	<b>Cleaning and laundry staff</b>	<b>Admin staff</b>	<b>Other staff</b>
<b>Number of staff on duty on day of inspection</b>	0	3	9	4	5	1	2*

\* activities coordinator and maintenance manager

## Summary of findings from this inspection

This monitoring inspection report outlines the findings of an unannounced monitoring inspection which took place on 17 May 2012. It also includes an update on the three outstanding action plans from the last follow up inspection on 04 April 2011.

The findings of this inspection were good. Residents felt safe and secure in the centre. They were provided with the appropriate healthcare and they confirmed they had their needs met. The governance structure was good and worked well. There were robust established systems in place to constantly review the quality of care been delivered to residents'.

The inspector found the provider had completed two of the three outstanding action plans from the last inspection. These included ways of improving communication with residents' by investing in talking mats and implementing their use throughout the centre. A new visitors' room had been constructed for use by residents and their families and some improvements had been made to St Oliver's Unit.

The one action plan not completed remained within the 18 month timeframe set by the provider. This related to the provision of changing facilities for staff, storage space for equipment and cleaning rooms for catering and non catering staff.

In addition the inspector found an up to date record of residents' personal possessions was not kept on file and staffing levels on St Oliver's needed to be reviewed to ensure the needs of residents' were been met at all times.

### Governance

#### Article 5: Statement of Purpose

The provider was providing the range of needs, services and facilities outlined in the statement of purpose attached to the registration certificate dated 30 June 2011. The inspector found that the provider was adhering to the conditions of registration which together with the registration certificate was clearly displayed in the centre.

#### Article 15: Person in Charge

The person in charge is fulltime, and meets the regulatory requirements.

The person in charge was not on site at the start of the inspection. However, there was a staff nurse in charge of the centre until the person in charge returned. The inspector observed that the person in charge was rostered to work five days per week. In her absence the named key senior manager or a staff nurse was nominated in charge of the centre.

## **Article 16: Staffing**

Staff numbers on inspection were adequate to meet the needs of residents'. However, the number of staff on duty in one of the three units required reviewing.

The inspector was informed of the numbers of staff on duty at the beginning of the inspection. All nursing and care staff were met during the inspection and their names cross referenced off the staff roster. There appeared to be enough staff on duty to meet the needs of residents at the time of inspection. Staff were observed supervising residents in communal rooms and call bells were answered promptly.

The number of care staff on duty in the afternoons had been reduced by one on St Oliver's and St Pat's since the last inspection. The staff on St Pat's unit stated that the reduction did not have an impact on the 19 residents in their unit. However, the staff in St Oliver's informed the inspector that the reduction in one carer in the afternoon had impacted on the care been provided to residents'. This they explained was due to a number of the 20 residents' displaying symptoms of sun downing and required additional care in the evening times.

The inspector was informed that a request made to management a week previous to inspection to re - introduce the carer to St Oliver's in the afternoon had not been met.

## **Article 23: Directory of Residents**

The directory of residents was reviewed; it included all the information specified in schedule 3 paragraph 3 for the 61 residents' currently living in the centre. In addition, it included the time and cause of death for residents who had died in the centre including the three who had died to date in 2012.

## **Article 31: Risk Management Procedures**

Risk was well managed. There was a comprehensive risk management policy in place. A risk management audit was conducted on a monthly basis. It was last done in April 2012 and risks identified were addressed appropriately.

A general cleaning audit was done on a regular basis by the person in charge, an audit done in May 2012 showed that it covered a number of areas of the centre including a random number of resident bedrooms in each unit. The hygiene status of bathrooms and toilets were also audited on a frequent basis.

The inspector reviewed the monthly accident and incident audit which clearly identified any trends such as residents' who were frequently falling and identified measures put in place to reduce further accidents/incidents. The individual record of falls was also reviewed and cross referenced with notifications received by the Authority.

The person in charge conducts an audit of medication management on a quarterly basis, alternating between units on each occasion.

An audit of those residents' using a form of restraint, the type of restraint and reason for its use is also conducted on a monthly basis.

#### **Article 39: Complaints Procedures**

Complaints were well managed. A review of the record of complaints showed that all complaints since the last inspection were verbal. Written details of the each complaint, investigations conducted and the complainants' level of satisfaction were available for review.

There was just one verbal complaint to date for 2012.

#### **Article 36: Notification of Incidents**

The Authority was notified of all notifiable incidents which had occurred in the centre since the last inspection. All notifications were received within the required timeframe.

### **Resident Care**

#### **Article 7: Residents' Personal Property and Possessions**

Residents' personal property records were not kept up to date. This was an issue on the registration inspection. However, on inspection of 04 April 2012 the policy on residents' personal property and possessions had been updated and residents' personal property records were kept up to date.

The two resident files reviewed did not have personal property records on file kept up to date.

#### **Article 9: Health Care**

The health care provided was good.

The inspector reviewed the nursing documentation of two residents she met during the inspection. Both residents were re-assessed on a three monthly basis and their care plan was updated to reflect their changing assessed need. The daily nurses' evaluation was directly linked to the residents care plan. The nursing records accurately reflected the status of the resident met by the inspector.

The person in charge completed a through monthly audit on a random selection of nursing documentation and fed back on a one to one basis to the staff nurse responsible for keeping the residents documents up to date.

A review of medical records confirmed residents were seen by their general practitioner on a regular basis no less frequently then three monthly.

### **Article 33: Ordering, Prescribing, Storing and Administration of Medicines**

Medication management was good.

The centre had policies in place to cover practices in relation to the ordering, prescribing, storing and administration of medicines. The inspector observed that practices reflected the policies.

Nurses were observed administrating medications on two of the three units. Practice was as per An Bord Altranais guidelines for medication administration. As mentioned under article 31 above the person in charge undertook an audit on medication management on a monthly basis.

The pharmacist, general practitioner and person in charge reviewed each resident's medications on a regular basis. A record of these individual reviews signed and dated by each discipline involved was available for review.

### **Article 6: General Welfare and Protection**

Appropriate measures were taken to ensure a safe and secure environment was maintained for residents.

The reception desk at the front door is staffed Monday to Friday from 08:00 hrs – 16:00 hrs and at weekends from 11:00 hrs – 18:00 hrs. All other exit doors are alarmed. Residents have access via the ground floor sitting room to a safe and secure garden area.

Staff were Garda Síochána vetted prior to commencing work in the centre and appropriate references sought from previous employers. Training in the prevention, detection of elder abuse was completed by staff as part of their induction.

### **Article 20: Food and Nutrition**

The food served to residents was in quantities adequate to meet there needs and offered choice at meal time.

The inspector observed lunch being served in two of the three units. Residents were given a choice at each mealtime. Several residents' told the inspector the food served was good.

Food was served to residents' in an appetising manner and the consistency met their assessed need and/or preference. A review of two residents' nursing documentation showed that residents had their weight recorded on a monthly basis and were referred to dietetic services when necessary. For example, one resident who was gradually losing weight had been seen by her general practitioner and was prescribed nutritional supplements, as her weight had not increased within a month she was referred to a dietician for review.

## Environment

### Article 19: Premises

Positive changes had been made to the premises. For example, a visitors' room had been constructed on the ground floor. It was easily accessible to residents and their visitors.

St. Oliver's had some areas re-painted. For example, the bedroom doors had been painted a variety of different colours in order to assist the dementia residents to identify their bedroom. The inspector was informed that further development of the interiors of this unit was planned.

One action plan from the previous inspection report remained outstanding. This related to the provision of changing facilities for staff, storage space for equipment and cleaning rooms for catering and non catering staff. However, the provider was within the 18 month timescale to address these issues.

The inspector observed that the interior of the centre was kept clean and tidy. Cleaners were observed working in each unit and a review of the schedule indicated that the number of cleaners on duty was consistent. However, the inspector observed that the base of the shower in St Pat's unit and one shower on the ground floor were not sealed and therefore could not be cleaned properly. The unsealed cement base of these showers were covered with a plastic grid both of which were impossible to keep clean considering the volume of use of each shower on a daily basis.

### Article 32: Fire Precautions and Records

Fire precautions and records were in place.

The inspector reviewed records which showed the fire alarm, emergency lighting were checked on a quarterly basis by professionals and had been last checked in May 2012. Fire extinguishers had been last checked by professionals in November 2011.

Fire training and a fire evacuation drill had been completed by a number of staff in September and October 2011 and April 2012. A further two training sessions were planned for May 2012.

The maintenance man informed the inspector that he conducts checks on the fire alarm and all fire exits on a daily basis. Records reviewed confirmed that these checks were conducted signed and dated by the maintenance personnel.

## **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 inspector wishes to acknowledge the cooperation and assistance of the residents, relatives and staff during the inspection.

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

Sheila McKeivitt

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

29 May 2012

## Action Plan

### Provider's response to inspection report\*

<b>Centre:</b>	Ratoath Manor Nursing Home
<b>Centre ID:</b>	0152
<b>Date of inspection:</b>	17 May 2012
<b>Date of response:</b>	22, 27 and 28 June 2012

### Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

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

An up-to-date record of each resident's personal property was not maintained.

#### 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

\* 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>An up-to-date record of each resident's personal property was completed on 22 June 2012 and was signed by residents who were able to sign it and their specific staff buddy.</p>	<p>22 June 2012</p>

<p><b>2. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>There were no changing facilities for staff.</p> <p>There were no dedicated cleaning rooms available for general and kitchen cleaning staff.</p> <p>There was no storage facility available for equipment.</p> <p>The two showers were not in a suitable state of repair to meet the needs of residents using them.</p>	
<p><b>Action required:</b></p> <p>Provide suitable changing and storage facilities for staff.</p>	
<p><b>Action required:</b></p> <p>Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents including cleaning rooms and storage rooms.</p>	
<p><b>Action required:</b></p> <p>Keep all parts of the designated centre clean and suitably decorated including all showers.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 19: Premises  Standard 25: Physical Environment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>Changing facilities for staff, cleaning rooms and storage facility will be refurbished and completed by the end of October as outlined in our plan.</p> <p>There is a new shower arrangement in St. Patrick and on the ground floor. The old flooring and existing shower tray will be replaced by a new vinyl floor and shower gulley. It will be completed on 14 July 2012.</p>	<p>31 October 2012</p> <p>14 July 2012</p>
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**3. The person in charge has failed to comply with a regulatory requirement in the following respect:**

The numbers of staff on duty in St Oliver's Unit was not appropriate to meet the needs of residents'.

**Action required:**

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.

**Reference:**

Health Act 2007  
 Regulation 16: Staffing  
 Standard 23: Staffing Levels and Qualifications

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

**Timescale:**

Provider's response:

One additional care staff is now allocated in the afternoon in St Oliver to meet the needs of the residents. The additional staff is now working from 15:00 hrs – 18:00 hrs. There is 1 nurse and 2 care assistants working from 8am-8pm and 1 care assistant working from 09:00 hrs – 18:00 hrs.

25 June 2012

**Any comments the provider may wish to make:**

**Provider's response:**

Thank you for your courtesy and professionalism throughout the inspection process.

**Provider's name:** Joseph Kenny

**Date:** 22 June 2012