

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

**Inspection report
Designated centres for older people**



Centre name:	Swords Nursing Home
Centre ID:	0181
Centre address:	Mountambrose
	Swords
	County Dublin
Telephone number:	01-8900089
Fax number:	01-8901089
Email address:	managerswords@mowlamhealthcare.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Mowlam Healthcare
Person in charge:	Susan Roweena Massey
Date of inspection:	11 and 12 September 2012
Time inspection took place:	Day-1 Start: 10:30 hrs Completion: 16:50 hrs Day-2 Start: 11:30 hrs Completion: 15:20 hrs
Lead inspector:	Leone Ewings
Support inspector:	None
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Focussed inspection to address a specific issue based on information received

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

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.

Regulation has two aspects:

- Registration: 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
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- 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 affecting the safety or well-being of residents.

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 inspection report sets out the findings of a monitoring inspection to:

- follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- address a specific issue based on information received

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input checked="" type="checkbox"/>
Outcome 14: End of Life Care	<input checked="" type="checkbox"/>
Outcome 15: Food and Nutrition	<input type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

About the centre

Location of centre and description of services and premises

Swords Nursing Home is a purpose-built, single-storey building providing long-term residential care for 60 older people. The centre is located approximately three kilometres from the town of Swords, County Dublin. The location is rural and not on a bus route. Access by road is via the Toberburr Road, near the area known as St Margaret's, at the back of Dublin Airport.

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

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

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

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

Date centre was first established:	2007(this provider)
Date of registration:	9 March 2012
Number of registered places:	60
Number of residents on the date of inspection:	60

Dependency level of current residents as provided by the centre:	Max	High	Medium	Low
Number of residents	34	18	8	0

Gender of residents	Male (✓)	Female (✓)
	✓	✓

Management structure

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

The administrator at the centre manages the catering and domestic staff and she reports to the person in charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on days of inspection	1	3	9	2	4	1	1

Nurses include the clinical nurse manager on day 1
Activities (other staff) worked 10.00-17.00hrs both days

Background summary

This monitoring inspection was unannounced and took place over two days. As part of this inspection, the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The purpose of this inspection was to monitor compliance and follow up on the three action plans issued to the provider following the last inspection which took place on 31 August 2011.

Overall, the designated centre was found to be in substantial 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*. Staffing and skill mix was good and staffing levels were found to be adequate during the inspection. Meaningful activities were observed taking place and levels of resident engagement was high. Individual and one to one activity also took place over the seven day week. Activity provision for cognitively impaired residents was also included on the programme.

The findings on inspection are detailed below under the ten outcomes covered on inspection. Aspects of medication transcribing procedure required review to ensure nurses could adhere to An Bord Altranais guidelines for medication management at all times.

Outcomes covered on inspection

Theme: Governance, Leadership and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1: Statement of Purpose

The inspector found that the statement of purpose accurately described the service that was provided in the centre and it was updated to describe the details of registration. The inspector was satisfied that the service met the diverse care needs of residents as outlined in the statement of purpose and that it is kept under review by the provider.

Outcome 3: Suitable Person in Charge

Susan Massey is the person in charge and has responsibility for the day-to-day management of the centre. She is a registered psychiatric nurse and has many years experience of caring for older people and managing services in a variety of settings. She has been in her current full time post since April 2010. In the absence of the person in charge, a key senior manager is in place. The person in charge reports to Geraldine O'Hora operations manager, who was available on the first day of the inspection. The management team demonstrated willingness to facilitate continuous professional development and provided support for the team working at Swords Nursing Home. They also demonstrated awareness of their responsibilities in respect of the implementation of the Regulations and Standards.

The person in charge was aware of her reporting requirements and submitted appropriate notifications in a timely manner. She was knowledgeable about individual residents' likes, dislikes and preferences. She has set up systems and practices to govern the centre effectively, for example, completed quality of life and mealtime audits. This information received informed the service to improve practice. Complaints management was found to be robust and documentation was completed to a very high standard and in line with policy and procedure.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6: Safeguarding and Safety

The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector found that all of the staff spoken to on the day of inspection were aware of the types of elder abuse and their responsibilities in reporting suspected elder abuse. There were records to indicate that staff had received training on identifying and responding to elder abuse.

Residents spoken to confirmed that they felt safe in the centre. The inspector reviewed the centre's policy on the prevention, detection and response to elder abuse and found that it gave guidance to staff on the types of abuse, the procedures for reporting alleged abuse and the procedures to follow when investigating an allegation of elder abuse. The person in charge had established links with the senior case worker for elder abuse in the Health Services Executive.

The inspector noted that the residents' property lists were being completed for all residents on admission and were being updated by their key worker and signed by residents, relatives and staff to reflect any changes in property maintained by residents. The person in charge told the inspector that it was difficult at times to ensure that all items of property left with residents without staff knowledge was documented. She kept this under continuous review. The inspector noted that all laundry checked in the laundry room was labelled clearly to ensure return to the resident.

Management and staff working at the centre are not currently involved with the management of residents' finances or acting as a nominated agent for pensions.

Outcome 7: Health and Safety and Risk Management

There were policies and procedures relating to health and safety and emergencies. The health and safety statement was up to date for 2012 and it clearly outlined measures in place to maintain the health and safety of residents, staff and visitors. The inspector found that practice in relation to the health and safety of residents, staff and visitors generally promoted their safety. However, there were areas for improvement. There were some potential risks identified in the premises, including the increased water temperatures.

The inspector reviewed policies on the risks specified in the Regulations such as violence and aggression, assault, residents going missing, self-harm and accidental injuries to residents and staff. The person in charge was identifying, recording, investigating and learning from serious or untoward incidents or adverse events. Detailed records were maintained of all accidents and incidents. Records viewed showed that all falls had been responded to appropriately by staff. Information relating to each incident was readily available and all follow up actions were recorded, dated and signed on the back of the accident form. The person in charge reviewed the reports for each resident to determine the root cause and what preventative measures were being taken to prevent reoccurrence, such as medication review and referral to the multidisciplinary team.

There were some areas of potential risk identified by the inspector which were not being managed by the provider. The inspector found that the temperature of the hot water in the hairdressing room was 47.7 degrees celsius. This was brought to the attention of the person in charge who took this room out of use until this risk could be corrected.

There is an indoor smoking area used regularly by two residents. The temperature in the smoking room on the morning of the inspection where residents sat was 18.3 degrees celsius. There was no system to monitor the temperature of the smoking room environment to ensure the temperature was appropriate for residents' use. The inspector noted that additional heaters were present in the room which are independent of the main centres under floor heating system.

Fire safety was well managed. The inspector viewed the fire records which showed that fire equipment had been regularly serviced. The fire extinguishers, emergency lighting and fire alarm system had been serviced. The inspector found that all fire exits were clear and unobstructed during the inspection. The inspector found that all staff members were clear about the procedure to follow in the event of a fire. During the inspection, the fire alarm was activated by a tradesman installing new flooring in a bedroom. All staff responded in a swift manner to check the fire panel and reassure residents it was a false alarm. The inspector viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff spoken to.

The provider and person in charge had adequate control measures in place to monitor all visitors to the building. A visitors' book was maintained and completed daily. A new reception area had been created in the hallway where visitors can access hand gel and sign in, a small seating area with a drinks machine was also provided.

The inspector reviewed the emergency plan and found that it was comprehensive and sufficient to guide staff on the procedures to follow in the event of an emergency. The inspector noted that the emergency plan also included a contingency plan for the total evacuation of residents in the event of an emergency.

There was evidence that the risk management policy/procedure was implemented in practice in that there were records which identified risks and the action taken to control or minimise them.

However, the following risks were identified to the external outdoor areas of the centre:

- the door of the external maintenance workshop was unlocked, this had access to hazardous materials and a power tool and was therefore, not restricted
- general housekeeping of the rear of the centre required improvement as there was an accumulation of old bed frames and out of use equipment
- building materials at the front of the centre were not secured
- an assisted bathroom / toilet was closed to resident use with maintenance, and painting materials inappropriately stored in this area
- access was not restricted to the service area to the rear of the premises inclusive of new sewage treatment area.

Outcome 8: Medication Management

The inspector found evidence of a good standard of medication management, but, there were two areas for improvement identified. The medication management policy included the procedure for transcribing of medication. However, the registered nurses involved with transcribing on the electronic system did not date or sign when the medication administration form was completed, prior to signing by the General Practitioner (GP). Particular arrangements for handwritten transcription of controlled drugs outlined in the procedures manual for transcription of prescriptions dated 23 March 2011 (Revision 1) was not evidenced or had the required review of procedure by the person in charge.

The inspector found that each resident's medication was reviewed regularly by the GP and pharmacist and there was documentary evidence to support this. The person in charge told the inspector that they had good involvement and support from their pharmacist who was involved in the review and audit of medication.

Medications that required special control measures were managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1984. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift. However, on the day of the inspection an error of documentation was noted by the clinical nurse manager and the inspector. The quantity records held for two residents on controlled drug patches was inaccurate. The review which took place indicated that the medication had been administered according to the drug administration charts for each of the residents. The person in charge undertook to review this aspect of medication checks as part of the audit undertaken by the clinical nurse manager.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 11: Health and Social Care Needs

Each resident had a care plan in place and there was evidence of the residents' involvement and agreement with its contents. The records contained details of residents' dependency, assessed needs, objectives of care, treatment plans and nursing interventions. An electronic record keeping system was in use, supplemented by written paper records as required.

Written risk assessments had been carried out in relation to a number of health care issues including continence, nutrition, swallowing, accidents and falls. Where risk assessments had been carried out, staff used evidence based validated tools. Residents were weighed on a monthly basis and a record maintained. Appropriate action was taken with regard to monitoring for weight loss, for example referral to the GP and dietician. The inspector found that manual handling practices observed were appropriate and safe.

The centre had sufficient GP cover and a local out-of-hours GP service was available. Review of residents' medical notes showed that GPs visited the centre regularly and were available as required. A doctors/medical treatment room was available. The GP visited the morning of the second day of inspection to review some residents. Entries in residents' care plans showed that residents had access to Allied Health Professional services, including the physiotherapist, occupational therapist, optician, speech and language therapist and chiropodist. These provided their services to residents based on a referral from staff in the centre.

During conversations with the inspector, staff were knowledgeable and familiar with residents' care plans, needs and preferences. Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. Social care assessments have been carried out and activity charts completed in respect of residents' participation in various activities. Residents who spoke with the inspector were complimentary of the activities offered.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13: Complaints procedures

The complaints records reviewed by the inspector were found to be adequately maintained with a record of the outcome documented. The standard of documentation was good and evidence of audit and review was in place. The number of complaints was low and all had been addressed. The complaints policy and procedure was displayed in the reception area.

The person in charge had notified the Authority on 30 March 2012 of an ongoing complaint received from the family of a resident. However, the inspector was unable to review the care and welfare of this resident as the resident had undertaken a planned transfer to another designated centre in July 2012. The records of the meetings and review of records of this complaint were reviewed by the inspector and found to be satisfactory.

The inspector spoke to residents and relatives and they confirmed that they would let the person in charge know if there was an issue they needed to resolve. The centre had completed a satisfaction survey in April 2012 and the results indicated that 80% of respondents were aware of the suggestions and complaints procedures. Actions taken by the centre further to this survey included, ensuring that the complaints policy and procedure is discussed at every relatives meeting.

Outcome 14: End of Life Care

There was a comprehensive policy on end of life care and the person in charge explained that they accessed the services of the local palliative care team who provided support and advice when required.

The inspector reviewed resident's records and spoke to staff and noted that while end of life, palliative care and spiritual needs assessments were in place, the residents care plans had not been updated to reflect the actual care being delivered.

A relative was interviewed and confirmed a high standard of communication in place and resident and relatives wishes were respected. One resident receiving end-of-life care was facilitated with a transfer to a private room from a shared room. Spiritual needs for all residents were facilitated for all faiths.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18: Suitable Staffing

The inspector found that the levels and skills mix of staff were sufficient to meet the needs of residents on the day of inspection and a review of staffing rotas indicated that these were the usual arrangements. Clear reporting structures were in place, and adequate supervision was in place. The staff rota was checked and found to be well maintained with staff working in the centre rostered and identified. Annual leave and other planned/unplanned staff absences were covered from within the existing staffing complement. Residents said they were satisfied with staffing levels during the day and at night time and were complimentary of the staff team.

There was a detailed policy for the recruitment, selection and vetting of staff. The staff files were kept to a satisfactory standard and included all the relevant documents required as outlined in Schedule 2 of the Regulations. Staff working at the centre confirmed they had completed Garda vetting and those records were maintained by administrative staff.

The person in charge stated that a staff induction and appraisal system was being fully implemented. Staff records confirmed that this was the case and training plans for the future had been developed. For example, two senior staff were undertaking post graduate training on infection prevention and control. Staff mandatory training records were well maintained and up to date.

The person in charge used agency staff on rare occasions as an internal relief system was in place to replace staff on unanticipated leave. The inspector recommends that the use of erasure ink on the staffing roster is ceased. The hours and names of maintenance staff had not been maintained for the last week. The person in charge confirmed that staff from another centre had been working at the centre, although the name of those staff members did not appear on the roster.

Actions reviewed on inspection:

Theme: Effective care and support

Outcome 12: Safe and suitable premises

Action required from previous inspection:

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

This action was partially addressed at the time of the inspection.

The provider submitted an action plan response which stated "water temperature of the piped hot water was adjusted on 1 September 2011 to be 43 degrees Celsius or below." In addition the response also stated that "Water temperatures are monitored and thermostatic control valves adjusted accordingly with fluctuation in temperatures (the attending plumber has advised that temperature fluctuation is dependent on the ambient environmental temperature and ongoing monitoring and adjustment will be required)."

The inspector was satisfied that ongoing monitoring took place. The hand washing sinks in the resident rooms were satisfactory with regard to temperature control. However, in certain areas of the centre including the hairdressing room the water temperature was found to be above 43 degrees celsius, to a maximum of 47.7 degrees celsius. The person in charge undertook to review access to the hairdressing room and put the hairdressing sink out of use with notices for relevant staff, until a review of the thermostatic control valves took place by the appropriately qualified personnel.

Theme: Person-centred care and support

Outcome 17: Residents' clothing and personal property and possessions

Action required from previous inspection:

Maintain an up to date record of each resident's personal property that is signed by the resident.

This action was fully addressed by the provider.

The inspector reviewed the records of resident's property and found that it was updated at regular intervals. One complaint was reviewed by the inspector which related to lost property

Outcome 18: Suitable staffing

Action required from previous inspection:

Ensure volunteers working in the designated centre are vetted appropriate to their role and level of involvement in the designated centre.

This action was fully addressed by the provider.

A written agreement was in place for volunteer workers visiting the centre and appropriate vetting procedures were found to be in place. The practice of relatives engaging informal care assistants without appropriate vetting had ceased following the last inspection. No informal arrangements were found to be in place as at the previous inspection.

At the close of the inspection visit a feedback meeting was held with the person in charge, to report on the inspector's 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, provider and staff during the inspection.

Report compiled by:

Leone Ewings

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

17 September 2012

Provider's response to inspection report *

Centre Name:	Swords Nursing Home
Centre ID:	181
Date of inspection:	11 and 12 September 2012
Date of response:	16 and 18 October 2012

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*.

Theme: Safe care and support

Outcome 7: Health and safety and risk management

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

The newly installed sewage treatment system had not been risk assessed to ensure that it was inaccessible to residents walking in the grounds of the designated centre.

The rear service yard had out of use metal bed frames and equipment stored in it awaiting removal.

The maintenance area was left unlocked with potential access and hazards for residents and visitors using the outdoor space.

Action required:

Undertake a risk assessment on the sewage treatment system area and put in place any precautions to control the specified risks identified in the risk assessment.

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Action required:	
Review and remove out of use equipment and additional unused stores held at the premises in a timely manner.	
Action required:	
Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.	
Reference:	
Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
A risk assessment was completed regarding the accessibility to the newly installed sewage treatment centre.	12/09/2012
Temporary fencing was installed in the areas around the newly installed sewage system to prevent access to the area until arrangements are in place to install a suitable permanent solution.	16/09/2012
All equipment no longer in use and all unused stores have been removed from the premises for disposal.	18/09/2012
A new padlock was provided for the maintenance shed to limit access.	12/09/2012
A weekly checklist arrangement is now in place for the maintenance person to check the outside space for potential hazards. All staff have been reminded of their responsibility to report all potential hazards as part of health and safety at work.	Ongoing

Outcome 8: Medication management

The provider is failing to comply with a regulatory requirement in the following respect:
The controlled drug count was found to be inaccurate with regard to two prescribed medications.
The policy and procedures in place to support the practice of nurses transcribing was not found to be adhered by staff engaged with this practice.

<p>Action required:</p> <p>Review the arrangements in place to ensure the safe custody and documentation of controlled medication is in place, and policy is adhered to.</p>	
<p>Action required:</p> <p>Review policy and procedure in place for transcribing medication, and ensure that practice is in line with legislative requirements.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management</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>On inspection the controlled drug register was inaccurate for two residents prescribed medication – the administration of this medication was signed on the administration record sheet. However, not on the controlled drug register, this resulted in the balance in stock being inaccurate. This was a one off error of this type as records in place are normally maintained to a high standard. A balance check of stocks of controlled medications takes place at each staff handover. An internal medication management audit is completed on a quarterly basis. An external audit is conducted on a bi-annual basis by the pharmacist. Nursing staff are now fully aware and are following current professional guidelines and company policy in regard to safe custody and documentation of controlled medications.</p> <p>The procedure of transcribing of medication prescriptions has been reviewed and nurses now sign the medication kardex following transcription and have it checked and counter signed by the prescribing GP. Company policy is currently being reviewed regarding this practice.</p> <p>All kardex to be signed and counter signed on completion on admission and going forward for current residents at each medication review by the General Practitioner.</p>	<p>Adherence to guidelines and policies is ongoing.</p>

Outcome 12: Safe and suitable premises

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

The water temperatures in the hairdressing room was found above 43 degrees and recorded at 47.7 degrees celsius.

The hand-washing sink in the hairdressing room was not operating correctly.

The assisted bathroom was not accessible to residents as it was being used as a storage area for maintenance and refurbishment works ongoing.

The ventilation in the sluice room was inadequate and not vented to the external air.

The temperature in the smoking room was found to be 18.3 degrees celsius which was below the minimum requirements of 21 degrees celsius.

The external grounds were not maintained to a high standard with building materials and equipment evident.

Action required:

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

Action required:

Review and repair hand washing sink in the hairdressing room.

Action required:

Review the arrangements in place to store equipment and materials used in the refurbishment, and return the assisted bathroom to full use.

Action required:

Provide adequate suitable ventilation to external air in the sluice room.

Action required:

Provide heating suitable for residents in all parts of the designated centre which are used by residents.

Action required:	
Provide and maintain external grounds which are suitable for and safe for use by residents.	
Reference:	
Health Act, 2007 Regulation 19: Premises Standard: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Water temperatures remain part of the checks in the weekly maintenance schedule. A complete check of the whole premises was completed by a plumbing contractor on 12 September 2012.</p> <p>A thermostatic mixing valve has been installed at the hairdressing room sink.</p> <p>Inappropriate storage of maintenance materials has been fully addressed and the assisted bathroom has returned to use.</p> <p>The defunct extractor fan was replaced in the sluice room.</p> <p>The room temperature in the smokers lounge will be monitored by means of a wall thermometer and portable heaters are available to increase temperatures if necessary – one of the residents who uses this facility prefers to open all windows as opposed to using the smoke extractor fan that is in place and therefore there is a possibility that heat may be lost.</p> <p>The external ground works have been divided for completion into two categories:</p> <ol style="list-style-type: none"> 1. Gardens and general grounds maintenance have been contracted to a landscape gardening company and they have completed two visits to upgrade the garden and grounds and a maintenance contract is now in place. 2. Works to demobilise the building work materials and equipment are in place by the building contractor responsible for the installation of the new sewage treatment/pumping system now connecting the nursing home to the mains. 	<p>12/09/2012, weekly thereafter.</p> <p>12/09/2012, weekly thereafter.</p> <p>13/09/2012</p> <p>12/09/2012</p> <p>Ongoing.</p> <p>18/09/2012</p> <p>Works in progress at time of response (12 October 2012).</p>

Any comments the provider may wish to make:

Provider's response:

We are delighted that the inspector has recognised our efforts in striving on an ongoing basis to improve the care and service standards we provide to our residents. Staff feel rewarded and valued when our efforts are recognised by external organisations.

We would like to thank the inspector for the organised, courteous and professional manner in which she conducted the inspection process which she clearly defined at the outset of the inspection.

Provider's name: Pat Shanahan on behalf of Mowlam Healthcare.

Date: 12 October 2012