Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection Report
Designated Centres under Health Act 2007, as amended

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

Centre name:	Earlsbrook House
Centre ID:	0033
Centre address:	41 Meath Road Bray Co Wicklow
Telephone number:	01 276 1601
Email address:	earlsbrook@firstcare.ie
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	FirstCare Ireland Limited
Person authorised to act on behalf of the provider:	Mervyn Smyth
Person in charge:	Catherine Cheevers
Date of inspection:	28 January 2013
Time inspection took place:	**Start:** 08:30 hrs **Completion:** 19:00 hrs
Lead inspector:	Gary Kiernan
Support inspector(s):	N/A
Type of inspection	☐ **announced** ☒ **unannounced**
Number of residents on the date of inspection:	59 + 2 in Hospital
Number of vacancies on the date of inspection:	3

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 Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of 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*.

This inspection report sets out the findings of a monitoring inspection, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- ☐ to inform a registration decision
- ☐ to inform a registration renewal decision
- ☒ to monitor ongoing compliance with Regulations and Standards
- ☐ following an application to vary registration conditions
- ☐ following a notification of a significant incident or event
- ☐ following a notification of a change in person in charge
- ☐ following information received in relation to a concern/complaint

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

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

This monitoring inspection was unannounced and took place over one day. As part of the monitoring 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.

While areas for improvement were identified, overall the inspector found that there was an increased level of compliance, since the previous inspection, with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland.*

Residents' healthcare needs appeared to be met. However, improvements were required in the management of behaviours that challenged restraint and residents' hydration needs. Two residents required a review of their seating requirements.

Improvements were required to ensure the safety of residents who smoked. The risk management policy was not compliant with the Regulations. Practice in relation to crushed medications and the documentation and learning following medication errors required improvement. Improvements were also required to make the complaints process more robust.

The inspector found a good level of staffing and skill mix. Staff had attended all mandatory training and a broad range of additional training was also provided on an on-going basis. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. There was an active residents' committee and residents' dignity and privacy was respected.

Procedures were in place to ensure all staff were trained in the detection and prevention of elder abuse and to ensure residents were protected from harm. These matters are discussed further in the report and in the Action Plan at the end of the report.

Section 41(1)(c) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Leadership, Governance 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 2

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

References:

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector read a sample of completed contracts and saw that they had been agreed and signed by the resident within the legislative timeframe following admission. The contracts described the services which were covered by the monthly fee and which the resident could expect to receive. However the contracts did not include fees to be charged by the nursing home. In addition the contracts did not outline the fees to be charged for the additional services.

Outcome 3
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. She held the post since 2006. She demonstrated an adequate knowledge of her responsibilities as outlined in the Regulations and also demonstrated good organisational skills. Residents, relatives and staff spoke highly of her and the inspector noted that she had detailed knowledge of residents and their care requirements.

She was supported in her role by the clinical nurse manager (CNM). The person in charge held a diploma in dementia studies and had maintained her professional development through attending numerous short courses such a wound care and medication management. She was also in the process of completing a certificate course in leadership and management.

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

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

Action(s) required from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Inspection findings

The inspector found that measures were in place to protect residents from being harmed or suffering any form of abuse.

A policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse and this policy had been updated in response to the findings of the previous inspection. The person in charge and all staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. All residents spoken to said that they felt safe and secure in the centre. The training records showed that all staff had received training on identifying and responding to elder abuse. The CNM had completed training in order to enable her to deliver this training in-house.

The inspector reviewed the systems in place for safe guarding residents' money. The majority of residents managed their own finances. The centre was responsible for safekeeping money for one resident. A locked, safe was provided for this purpose and it was accessible to the person in charge and the administrator. A monitoring record for each resident documenting all transactions and balances was provided. This record facilitated the recording of the residents' signatures and that of an independent witness for all transactions. The inspector checked the balance of money kept and found it to be in order.

Outcome 7
The health and safety of residents, visitors and staff is promoted and protected.

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

Action(s) required from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Inspection findings

Procedures were in place to promote the health and safety of residents. However, improvements were identified with regard to residents who smoked and the development of the risk management policy.

There was a health and safety statement in place which was dated October 2012. There was a risk register in place which covered both clinical and environmental risks and this register had been kept under review and updated as new hazards were identified. Hazards were clearly identified, the risks were assessed and interventions and controls were outlined.

A centre specific risk management policy had been developed, however this policy did not address all the risks identified in the Regulations such as the arrangements for the identification, recording, investigation and learning from serious incidents. The inspector saw that the work was at an advanced stage to review and update this policy, however at the time of inspection it had not been introduced in the centre.

At the time of inspection a small number of residents smoked in the centre. The inspector noted that no risk assessment had been carried out in order to determine the level of assistance and supervision they might require. Inspectors saw that care plans had been drawn up for these residents but noted that in the case of one resident supervision arrangements outlined in the care plan were not being consistently implemented and accurate information for the storage of cigarettes and lighter was not included. One internal smoking area was provided and the inspector noted that it was fitted with a large viewing panel. However this room had not been risk assessed in accordance with the centre's risk management policy.

Systems were in place for the recording of all accidents, incidents and near misses. The records detailed the action taken and the treatment given where this was required. The inspector saw that the person in charge was reviewing and signing off on these records. The person in charge was also conducting a monthly review and audit of incidents such as falls in order to identify trends and interventions. The inspector saw that following an increase in the number of incidents of falls in one of the lounge areas the person in charge had increased staffing hours to provide additional supervision in this area. The inspector read the minutes of the monthly health and safety meetings which were held following a monthly health and safety audit conducted by the person in charge. The inspector saw that where issues, such as unsafe flooring or high water temperatures were identified they were promptly addressed.

The centre had an emergency plan in place which was comprehensive and provided information to guide staff on the procedures to follow in the event of an emergency. It also provided information on alternative accommodation and means of transport.

The inspector reviewed the fire safety procedures and found that there were good systems in place. All fire equipment had been regularly serviced. There was also a documented, in-house, daily check of all escape routes and monthly, in-house checks were carried out on the fire equipment. The training records showed that staff had attended training on fire prevention and response and the inspection found that all staff spoken to were able to describe the correct procedure to follow in the event of the fire alarm going off. There was a training matrix in place to ensure that staff attended annual fire safety training.

There was an infection control procedure in place. Nursing staff and care assistants were observed following correct hand hygiene and all staff had access to gloves, hand gels and aprons. Staff had received training in infection control and were knowledgeable about the procedures to follow to prevent the spread of infection. The inspector visited the laundry and found that it was clean and well organised. Procedures were in place to separate clean and soiled laundry and the staff member in this area was knowledgeable about infection control procedures.

The provider and person in charge had put in place adequate controls to monitor all visitors to the building. A visitors' book was maintained and completed daily.

The inspector saw that staff had up-to-date training in moving and handling. Residents' moving and handling requirements were risk assessed and nursing and care staff had access to a manual handling instruction chart for each resident which was displayed in a discrete location in the residents' bedrooms.

Outcome 8
Each resident is protected by the designated centres' policies and procedures for medication management.

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

Action(s) required from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Inspection findings

The inspector found that policies and processes were in place for the safe management of medication. However, some improvements were required in the area of medications which were required to be crushed and the management of medication errors.

The inspector reviewed the prescription sheets for a number of residents and found each medication was accompanied by a signature from the prescribing general practitioner (GP). In the case of medications which were required to be crushed there was a single signature from the GP authorising crushing for all medications on

the prescription sheet. Individual medications were not accompanied by prescribing signature authorising this process.

The inspector noted that a small number of medication errors were recorded since the previous inspection. The inspector noted action was taken in response to these errors in order to protect the resident. However, all data fields on the reporting forms were not consistently completed in full. For example, there was no indication if the next of kin was informed. There was also no record of the learning required in order to improve practice and no record of discussions held with staff following these incidents.

There was a system in place to ensure resident's medications were reviewed on a three monthly basis in consultation with the nursing staff, the pharmacist and the GP. A written record of this multi-disciplinary review was maintained for each resident.

The inspector observed and discussed medication management practices with the nursing staff. The nurses spoken to demonstrated knowledge when outlining the procedures and practices for medication management and administration. The nurses recorded and signed each medication administered. In response to the findings of the previous inspection the exact time of administration of medications was recorded. Records showed that nursing staff received regular training in medication management.

A policy was in place which guided staff on all aspects of medication management including the administration of "as required" (PRN) medication. Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines and the nursing home's policy. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the time of administration and change of each shift. The inspector checked the balances and found them to be correct.

A locked medication fridge was available in the medication room. The inspector noted that temperatures were recorded daily. There were appropriate procedures for the handling and disposal of unused and out of date medicines.

The medication policy provided guidance to staff on the management of residents who wished to self-medicate. There were no residents availing of this at the time of inspection.

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

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The healthcare needs of residents appeared to be met. However, improvements were required in the use of restraint, the management of behaviours that challenged, the management of hydration and to ensure that all residents were provided with suitable seating.

The inspector found that staff knew residents well and could describe the care required by and given to residents. The inspector reviewed a sample of residents' care plans and found that all relevant risk assessments, such as skin integrity, falls and nutrition were routinely carried out. There was also evidence of resident or next of kin involvement in the development of the plans.

However, some care plans lacked detail in order to consistently guide care. This was evident in the area of behaviours that challenged. The inspector found that there were a small number of residents with behaviours that challenged on the day of inspection. Staff had received training in this area. In the case of two residents, the inspector noted that while staff were managing the behaviour well, there was inadequate documentation of the triggers and the strategies used to manage the behaviour. A behaviour monitoring log to assess levels of agitation and identify triggers had been regularly completed but this information had not been used to

inform the care planning process. Similarly, behaviour monitoring information, which had been gathered by the activity coordinator, had not been used to make the care plans more person-centred.

The inspector observed that two highly dependent residents were seated in chairs which resulted in their feet being suspended and unsupported. The inspector was concerned that this positioning would be uncomfortable for the residents over a long period. No assessment had been undertaken in order to determine the suitability of these chairs. This matter was brought to the attention of the person in charge who undertook to address this matter. A wide variety of suitable chairs was available for other residents. Some of these residents were seated in specialised chairs which provided complete body support. The inspector observed the files of some of these residents and saw that these residents had been regularly reviewed by the occupational therapist (OT).

Improvements were required in the documentation used to monitor hydration. Fluid balance sheets were being maintained for some highly dependent residents in accordance with the centre's policy on nutrition. However, while the inspector saw that regular meals and drinks were offered and drinks were available in all lounge areas, these records were not comprehensively completed in all cases. It was not possible to ascertain if the residents' hydration needs were being met based on these records. The inspector also spoke to a number of relatives who believed that drinks should have been offered to the residents more regularly. There was a record of the residents' health condition and treatment given, completed on a daily basis.

The inspector noted that a substantial number of residents were using bedrails and there was an emphasis on reducing the use of this type of restraint in accordance with national guidelines. Risk assessments were carried out and there was recorded evidence of resident and multi-disciplinary consultation in the decision to use bedrails. Alternatives were also considered. However, the inspector noted that this process of risk assessment and consultation had not been implemented for the small number of residents who were using lap-belts. There was also no formal system in place to carry out checks on residents while using restraint. There was a policy in place to guide practice in this area and the inspector noted that it was in the process of being reviewed and updated.

The inspector read the files of a resident who had a wound and found evidence of good practice in this area. There were adequate records of assessment and appropriate care plans in place to manage the wounds. The presentation and size of the wounds were closely monitored using a wound monitoring chart. The charts had been maintained up-to-date and showed that care was being delivered in accordance with the care plan. Nutritional supplements were prescribed where appropriate. Nursing staff stated that they could readily access the advice of a tissue viability nurse (TVN) when required.

The inspector found that residents' weights and body mass index (BMI) were recorded each month and the nursing staff monitored any changes such as significant weight loss. There was a nutrition policy in place to guide practice.

Records showed that residents had access to the speech and language therapist (SALT) and dietician. Nutritional supplements were prescribed where necessary.

Procedures were in place for residents who were identified as being at a high risk of falls. Falls risk assessments were routinely carried out and care plans were in place for residents who were at a high risk of falling. The inspector saw that following any incidents a falls diary was maintained for the purpose of identifying trends. Equipment such as bed and chair alarms were widely used in order to alert staff when residents might need assistance or supervision. The person in charge also described how the majority of beds had been replaced with ultra low beds with a view to reducing the risk of falls.

Residents had good access to GP services and out-of-hours medical cover was provided. A broad range of other services was available on referral including speech and language therapy (SALT), dietetic services and the consultant geriatrician. Chiropody and dental services were also provided and the physiotherapist also visited the centre regularly. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

Residents were seen enjoying various activities during the inspection. The activity coordinator was responsible for organising a range of varied activities and entertainment. The inspector spoke to the activity coordinator and observed that she was committed to providing a programme which was varied and interesting to the residents. Activities assessments were routinely carried and biographical information was collected in order to assess residents' preferences. Activities included live music, singing, exercise classes, art classes, hand massage and Sonas which is a therapeutic technique for residents with communication difficulties. Residents stated that they were happy with the range of activities and social events organised and many commented that they enjoyed the walks to the nearby promenade during fine weather. There was also a secure, enclosed courtyard garden which was amply provided with garden furniture and many residents said they liked to spend time in this area.

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

References:
Regulation 39: Complaints Procedures
Standard 6: Complaints

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was some evidence of good practice in the area of complaint management however some improvement was required. The inspector noted that not all verbal complaints were recorded in the complaints log. As a result it was not possible to analyse this information and identify common trends. The complaints procedure had been updated and the inspector found that it met the requirements of the Regulations. There was a complaints policy in place which guided staff on how to manage complaints.

The person in charge demonstrated a positive attitude towards complaints. The complaints log was read by the inspector and there was evidence of good complaints management including a record of the complainant's level of satisfaction with the outcome.

Outcome 14
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was evidence of good practice in relation to end of life care. There was a comprehensive policy on end of life care which was centre specific. The records showed that a number of staff had received training in this area. The local palliative care and home care teams provided support and advice when required. Additional facilities were set aside for relatives who wished to stay overnight.

The nursing staff also stated that residents at this stage of life had regular access to a priest or other religious ministers as required.

No resident was receiving end of life care at the time of inspection.

Outcome 16
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was evidence that resident's privacy and dignity was respected, including receiving visitors in private.

There was an active residents' committee which held regular meetings which were facilitated by the activity coordinator and which were documented. The minutes showed that these meetings were very well attended. There was evidence that where issues were raised they were acted upon by the person in charge. This was particularly evident in relation to matters relating to the food.

The activities coordinator acted as an advocate for the residents. Relatives were also invited to attend the resident's committee meetings to advocate on behalf of residents who had communication difficulties.

Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Adequate screening was in place in shared rooms to ensure privacy. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents' civil and religious rights were respected. The person in charge stated that she had made arrangements for residents to vote both in-house or at local polling stations during the most recent elections.

There was good access to mass which took place at least once each week. Eucharistic ministers also visited and there was a weekly prayer group organised by the residents. The person in charge said that residents from all religious

denominations were supported to practice their religious beliefs and ministers from other faiths visited regularly.

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

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

Action(s) required from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Inspection findings

The inspector found that recruitment practices were satisfactory and appropriate vetting and agreements were in place for volunteers. The previous inspection found that there were inadequate numbers of staff to meet the needs of the residents at all times. The inspector found that this matter hand been addressed. An additional nurse had been scheduled to work each day from 08:00 to 14:00. Nursing staff stated that they found that this was a great improvement and meant that they could carry out the medication round uninterrupted. The person in charge had also organised additional health care assistant hours each afternoon in order to ensure that the lounge areas were continually supervised. The inspector noted that staff members were present in these areas throughout the day of inspection. Three nurses and 10 care assistants were providing care to 59 residents on the day of inspection. The night shift was covered by two nursing staff and three health care assistants.

There was a comprehensive written operational staff recruitment policy in place. A sample of staff files was reviewed and the inspector noted that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. The inspector requested the an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) registration numbers for all nursing staff and found that all were in place.

There was a strong emphasis on continued professional development and the inspector saw that staff were encouraged and facilitated to attend a variety of courses. The inspector saw that there were plans in place to adapt the centre in order to make it more dementia-friendly. As part of this process there were plans in place to provide intensive, four-day, dementia training to all clinical and non clinical staff in the centre. The records showed that a wide range of training had been provided since the last inspection and this included wound care, palliative management, behaviours that challenge and cardio pulmonary resuscitation (CPR) training. There was a training matrix in place which showed that a varied schedule of training was planned for 2013.

The training records showed that all healthcare assistants had completed Further Education and Training Awards Council (FETAC) level 5 training or were in the process of completing this training.

A number of volunteers were visiting the centre on a weekly basis provided a variety of services which included poetry and music. Residents stated that they appreciated these services. The inspector noted that a Garda Síochána vetting was in place for these volunteers and a written document setting out their roles and responsibilities had been developed.

Staff were very knowledgeable about residents and the inspector saw them responding to residents' needs in an informed and respectful way throughout the inspection.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge and the CNM 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:

Gary Kiernan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
30 January 2013

Health Information and Quality Authority
Regulation Directorate

Action Plan

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

Provider's response to inspection report *

Centre Name:	Earlsbrook House
Centre ID:	0033
Date of inspection:	28 January 2013
Date of response:	15 February 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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: Governance, Leadership and Management

Outcome 2: Contract for the provision of services

The provider is failing to comply with a regulatory requirement in the following respect: Contracts of care did not detail the fees to be charged to residents.
Action required: Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.
Reference: Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information

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

Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We have conducted an audit of the contracts of care and non-compliance issues have been identified. We will include fees and optional extra charges in all contract of care where applicable.	End March 2013

Outcome 7: Health and safety and risk management

The provider is failing to comply with a regulatory requirement in the following respect: Safety procedures for the management of residents who smoked required improvement. The smoking area had not been risk assessed in accordance with the centre's risk management policy. The risk management policy did not address all the risks identified in the Regulations.
Action required: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.
Action required: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The smoking area has been risk assessed and added to our risk management policy. A smoking policy is implemented and all staff have received appropriate training. A detailed person-	Completed

centred smoking care plan is now in place for the residents who wish to smoke.	

Outcome 8: Medication management

The provider is failing to comply with a regulatory requirement in the following respect: Practice in relation to the prescribing of medications to be crushed required improvement. Documentation for medication errors was not consistently completed in full. There was no record of the learning required in order to improve practice following medication errors.	
Action required: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.	
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: A comprehensive medication management policy is in place and has been recently reviewed with additional staff training on areas of change. The GP signs the prescription sheet indicating approval/order to crush medication/s. Following this decision, the pharmacist is requested to assess the suitability of each medication to crushing based on the guidelines of each individual manufacturer and available studies of the products. The pharmacist is also responsible for offering advice to the doctor on alternatives where crushing is not recommended or permitted. When there is no crushable alternative and the doctor is alerted to this situation by the pharmacist. The approval of the pharmacist to crush medication is documented in print format beside each individual medication on the Medication Administration Record Sheet by the pharmacy at the time of dispensing to the nursing home.	Completed

We acknowledge that all sections of the medication error form were not completed on the day of the inspection and the management of errors were not always in keeping with FirstCare policy. Our revised medication error form includes learning lessons for us and outcomes for residents. We will ensure the principles of the errors are discussed at the risk management meeting to ensure learning is achieved and reoccurrence minimised or prevented.	

Theme: Effective care and support

Outcome 11: Health and social care needs

The provider and person in charge are failing to comply with a regulatory requirement in the following respect:

The management of restraint, behaviours that challenged and hydration required improvement.

Two residents required review of their seating arrangements.

Action required:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Action required:

Complete, and maintain in a safe and accessible place, an adequate nursing record of each resident's health and condition and treatment given, on a daily basis, signed and dated by the nurse on duty in accordance with any relevant professional guidelines.

Action required:

Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.

Reference:

Health Act, 2007
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 25: Medical Records
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
We have taken on board the observations and comments of the inspector regarding the management of the documentation addressing behaviours that challenge us by providing additional training on the person-centred challenging behaviour policy. We will ensure the full team who are living and working with the residents and know them so well are involved in devising a person centred care plan which is best suited to address the unmet needs of residents which may contribute to behaviours that challenges us.	15 March 2013
An Occupational Therapist (OT) referral has been made by the GP to review seating arrangements for the two residents referred to in the report. We have ensured the feet of the residents involved are supported while resting in their chairs at this point in time and will await the recommendations of the OT following assessment.	Awaiting OT review
The appropriate hydration of all the residents is of critical importance to the staff in Earlsbrook House and comprehensive hydration management policies are in place to ensure that the hydration needs of residents are met every day. Arising out of the observations of the inspector, discussion has taken place with the nurses, carer's and catering staff regarding the importance of being constantly vigilance and ensuring the appropriate hydration instructions are executed consistently every day. The nutrition policy and the procedures associated with hydration management were used to inform and support this discussion and retraining. The importance of constant and consistent monitoring and ensuring compliance to the policies was re-iterated to the nurses in charge of the teams and responsible for taking regular reports from the care staff. The Home Manager will police and audit this situation to ensure the policy is adhered to and to ensure the hydration needs of residents living in Earlsbrook House are met in a consistent manner and the required documentation is appropriately completed every day.	Immediate action taken and monitoring ongoing Completed
A revised restraint management policy was in the process of being implemented during the inspection. Risk assessment has been carried out on the residents using lap belts and the multidisciplinary team have been involved to ensure compliance to the policy and adequate assessment of the resident. Monitoring, documentation and appropriate release of lap belts during their use is in place.	

Theme: Person-centred care and support

Outcome 13: Complaints procedures

The provider is failing to comply with a regulatory requirement in the following respect: A record of all verbal complaints was not maintained.
Action required: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.
Action required: Record all complaints and the results of any investigations into the matters complained about. Ensure these records are in addition to and distinct from a resident's individual care plan.
Reference: Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: FirstCare have a robust complaints policy which is regularly reviewed. We acknowledge that the inspector identified a verbal complaint that had not been logged although it had been addressed. We will ensure this does not occur in the future and all verbal complaints are documented and followed up on appropriately to include documentation of complainant satisfaction with the outcomes where achievable.	Completed

Any comments the provider may wish to make[1]:

Provider's response:

We would like to take this opportunity to thank the inspector for the courteous and respectful manner in which the inspection was conducted. We welcome the feedback and will continue to work on improving and reaching the highest standards possible for our residents, families and staff. We would like to positively acknowledge the dedication, commitment and hard work of the staff in Earlsbrook House and acknowledge their contribution to the care provided to our residents.

Provider's name: Mervyn Smith
Date: 15 February 2013

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