Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection Report
Designated Centres under Health Act 2007

Centre name:	Archersrath Nursing Home
Centre ID:	0191
Centre address:	Archersrath Kilkenny
Telephone number:	056-7790137
Email address:	archersrathnursinghome@mowlamhealthcare.com
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Mowlam Healthcare Ltd
Person authorised to act on behalf of the provider:	Pat Shanahan
Person in charge:	Anna Maher
Date of inspection:	11 October 2012 and 12 October 2012
Time inspection took place:	**Start-Day 1:** 09:45hrs **Completion:** 20:00hrs **Start-Day 2:** 09:00hrs **Completion:** 15:00hrs
Lead inspector:	Noelene Dowling
Support inspector(s):	**Day 1:** Catherine O'Keeffe
Purpose of this inspection visit:	☐ to inform a registration/renewal decision ☒ to monitor ongoing regulatory compliance ☐ following an application to vary conditions ☐ following a notification ☐ following information received
Type of inspection:	☐ **announced** ☒ **unannounced**

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 well-being 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 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 **11** 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	Inspected
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 two days. As part of the monitoring inspection inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Summary of Findings:

The findings of this inspection indicate that the provider is in substantial compliance with the regulations. Deficits identified for action during the previous inspection had been addressed satisfactorily.

Good practice was found in governance, healthcare, nutrition, safeguarding of residents, recruitment and staffing levels, mandatory training for staff, recruitment, complaint management, risk management procedures and fire safety systems.

Areas for improvement were identified in the provision of meaningful activity and care planning pertinent to the needs of residents with cognitive impairment, pre-admission assessment and access to information, some amendments to the medication management policy and clarification in regard to amendments made to the contracts of care.

The actions which the provider is required to take are detailed at the end of this 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: 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 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

Inspectors examined a sample of contracts of care and found that the contract outlined the fees to be paid by or on behalf of residents and the services to be provided. An additional fee titled "additional service charge" had been introduced for the following –"social activities, access to physiotherapy and occupational therapy, speech and language therapy, daily delivery of news papers, multi-channel TV and any other service that may be agreed". The cumulative fee for these services is detailed on the contract of care. This fee is separate from other ad hoc charges, such as hairdressing or chiropody, for which the resident will be invoiced monthly if they have

availed of the service. Inspectors were informed that the additional service charge was not levied on residents already residing in the centre when it was introduced. Inspectors were also informed that residents could exercise choice not to avail of the service offered by the additional charge and thereby would not be liable for the charge. However, the items are not costed individually and it is therefore difficult to ascertain if residents can opt to avail of some or none of 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

There had been no change to the post of person in charge since the previous inspection and the person in charge is suitably qualified and experienced in the care of older persons and governance. The person in charge reports directly to the operations manager of Mowlam HealthCare Ltd and the operations manager was found to be familiar with and effectively involved in the overall management of the centre.

The assistant director of nursing is available to manage the centre in the absence of the person in charge. Inspectors confirmed that this arrangement is satisfactory and allows for adequate clinical and administrative governance with the assistant director of nursing supernumery for the leave period. Fifteen hours per week were allocated to the assistant director of nursing to support the person in charge with management duties. The rosters indicated that in the weeks preceding the inspection this had not been possible as, due to a nursing staff shortage the assistant director was required to undertake fulltime nursing duties. A recruitment process had already been implemented to replace the nursing staff. Inspectors found that the centre was well managed with good governance, supervision, operational practices and reporting systems in place.

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:

No actions were required from the previous inspection.

Inspection findings

The policy on the prevention, detection, and reporting of abuse was reviewed and found to require some amendments in order to clearly outline the procedures for the management of an allegation against a member of the governance team or directors such as the procedure for safeguarding residents, reporting mechanisms and investigation process. Staff training has continued to be updated but the records available to the inspectors indicated that three staff had not had training since 2009.

Staff were able to articulate what they would consider abusive behaviours and to whom they should report any incidents. Residents expressed confidence in the staff and the person in charge and stated that they felt very safe living in the centre. There was an unrestricted visiting policy and this, coupled with the availability of the advocate, were additional safeguarding measures for residents. The residents' forum met three times in 2012 and this was also a venue for residents to express their wishes or concerns. Inspectors observed staff being respectful to residents and respecting their privacy.

The provider was, with consent, acting as agent for three residents. Documentation seen by inspectors indicated that this is managed accurately and transparently with detailed records maintained. Inspectors were informed that invoices were made available to either the resident or their representative.

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: Review the risk management systems and outcomes to support the prevention of further incidents or accidents in the centre.

Inspection findings

Inspectors examined the health and safety statement and found that it was centre-specific and was supported by a system of checks on work practices, the premises and policies available. A monthly audit of the premises was undertaken and the audit demonstrated evidence that issues were identified, reported and remedial action taken as necessary. The safety representative informed inspectors that management was open to any suggestion regarding work practices or the facilities. For example, a small number of windows did not have restrainers fitted and this was rectified promptly once identified. The maintenance log demonstrated that any faults noted on a day-to-day basis such as call-bells or problems with residents seating were promptly attended to. The health and safety statement was not, however, current.

Records seen by inspectors demonstrated that equipment specifically used for residents such as specialised beds, chairs or hoists were contracted for annual service and ongoing maintenance as required. A more suitable weighing scale was required and the person in charge informed inspectors that this has been requisitioned. Good practice in infection control, food safety systems and manual handling was observed and staff were knowledgeable in regard to their own areas of responsibility.

Planning for emergencies was good overall and staff were knowledgeable on the procedures. There were emergency contact phone numbers easily accessible in the event of a power or heating failure and access to a generator on a twenty-four hour basis was organised. A list of all residents was available at the nurses' station for use in such an emergency although it would be helpful if the mobility status of the residents was included in this list. However, the emergency plan does not clearly outline the arrangements for the immediate or short-term accommodation of the residents, although the operations manager and person in charge indicated that other centres within the company could be utilised.

Inspectors examined the fire register and found good practice in the management of fire safety. The fire alarm was seen to be serviced quarterly and the emergency lighting and fire fighting equipment was serviced annually. A daily check on the fire alarm panel was recorded by nursing staff and the alarm was tested weekly. Records and interviews indicated that fire training for staff took place annually with 32 staff currently trained in 2012 and further training scheduled. The training included some but not all new staff and the person in charge informed inspectors that all staff will be trained in 2012. Although formal twice-yearly fire drills did not take place as required staff confirmed that the maintenance person regularly undertakes practices with different staff members on what to do in the event of a fire. Staff spoken with were

able to demonstrate knowledge of the procedures, the use of the fire safety compartments and ski-sheets for residents.

Inspectors found good practice in the risk management strategies and systems for identification of and management of risk to residents. Core systems for safe-guarding were provided and these included non-slip flooring, grab-rails, suitable bathing facilities and call-bells.

A missing person policy was available which takes account of the location of the premises and provides guidelines for staff to follow. A number of staff who live in the vicinity of the centre have provided their own phone numbers for use should additional help be required in such an emergency. These phone numbers were strategically located in the staff office along with long-life torches.

Residents' care plans and medical records demonstrated that individual strategies were implemented pertinent to individual residents who are assessed as at risk of falling or wandering outside of the premises. There was evidence that decisions regarding any strategies were made in consultation with the resident and family members and GPs in some instances. Some residents assessed as at risk of wandering wore a censor alarm which activated if the resident exited the door and alerted staff. In response to the findings of the previous report a recorded twice-daily check on this alarm system was undertaken to ensure it was working.

Falls risk assessments were undertaken on all residents and were revised as the resident's needs changed. Inspectors found that incidents were responded to promptly, residents assessed for injury had medical attention provided and the incident reviewed for causal factors including illness. Strategies utilised to avoid injury to residents included the use of pressure alarms on residents' beds, low-low beds, hip protectors and increased supervision. If bedrails were utilised an assessment was undertaken and the decision was made in a consultative manner. Where bedrails were deemed to place the resident at increased risk of injury they were not used or were discontinued. Residents were monitored throughout the night.

There has been a significant reduction in the number of falls; with thirty falls recorded in the previous quarter, the number has now decreased to twenty one, with no significant injuries sustained. The documentation available would indicate that staff were rigorous and transparent in recording all incidents. Risk assessment and management was found to be an ongoing process balancing the rights and needs of residents.

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:

Put in place procedures to ensure that staff adhere to procedures for the safe administration of medication.

Inspection findings

Inspectors found that the policy on medication management required some amendments to deal with matters such as emergency prescriptions and transcribing of drugs. Overall practice was good with safe administration of medication and evidence of regular review and alteration of residents' medication if required.

Some improvements were required in transcribing practices as staff were seen to use the generic name for some medications rather than the name on the prescription, and the practice of transferring some of the controlled drugs into the original cartons, thereby creating a possible risk of an inaccurate entry in the drugs register. The pharmacist undertook a detailed audit of medication management in 2012 and inspectors saw records indicating that the pharmacist had spoken with a number of residents regarding their own medication.

Medication errors were reported promptly and appropriate actions taken to monitor the resident with the GPs informed and steps to prevent recurrences identified. However, errors were not reported to the residents' family and the person in charge confirmed this.

Outcome 9
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

Action(s) required from previous inspection:

Give notice to the Chief Inspector of all significant events occurring in the centre in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Inspection findings

Examination of accident and incident records in the centre and those forwarded to the Authority indicate that the provider was substantially compliant with the requirement to maintain records of incidents and notify the Authority of accidents/incidents within specified timeframes.

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 10

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Action(s) required from previous inspection:

Implement a suitable and adequate system of auditing incidents/accidents in order to identify, record investigate and learn from incidents or adverse events involving residents.

Inspection findings

A number of systems were utilised to review and monitor the quality and safety of care. Quarterly audits of all accidents, incidents, medication and care planning have been undertaken. These were found to be detailed and resulted in changes to practices. The accident and incident audit took account of the timing of any incidents, days of the week, the number of incidents for each resident or if injuries were sustained and strategies outlined to avoid repetition. The data was concise and effectively utilised.

The provider had engaged the services of an outside consultant who undertook an independent and confidential satisfaction survey with relatives and residents in December 2011. Only a small number of replies were received but the outcome was positive. Activities received the poorest grades. Inspectors also reviewed the minutes of three residents' forum meetings which were held in February, May and August 2012 respectively. The residents' nominated advocate attended these meetings along with the person in charge.

The minutes of the meetings indicated that they provide forum for general discussion about life in the centre, informing residents of any proposed changes, and seeking their views, their preferences for activities and ensuring they were aware that voting arrangements had been made for them. There was evidence that where feasible requests were agreed, and where delays were unavoidable this was explained to the

residents. The minutes indicated that residents were satisfied with the activities programme available.

Records and interviews with residents and relatives and observation in the centre indicated that there is ongoing communication between staff, the person in charge and relatives in regard to residents' care, which serves to influence practice.

The person in charge informed inspectors that they have revised the questionnaire/ satisfaction survey documentation and would be issuing this revised version in the latter part of 2012 as part of the annual audit of quality and safety of care.

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

Inspectors reviewed six care plans and medical records and found that residents' healthcare needs were met to a good standard. Up to seven general practitioners (GPs) attend residents and medical records confirmed very frequent review of residents' healthcare and medication by the GPs. One local surgery undertakes a medical round in the centre once weekly. Records indicate that most GPs see their residents at least monthly. This supports residents' overall health and prevents unnecessary dependence on out-of-hours services.

Records demonstrate that new admissions to the centre were seen by the GP within the required timeframe. The records also indicated that staff and the person in charge monitored residents' health and sought medical assistance very promptly. There was evidence of prompt referral to allied health services including mental health services and good communication and liaison between clinicians and staff generally. Chiropody was available, and residents' dental needs were catered for regardless of their mobility status by a dentist calling to the centre.

Evidence-based assessment tools were used and there was evidence of three-monthly reviews to monitor weight and nutrition, risk of developing pressure areas and falls. Corresponding care plans were then implemented to manage the identified problem and these were also reviewed. For example, residents at risk of developing pressure areas had care plans which included dietary supplements, skin care regimes and the use of pressure-relieving equipment such as cushions and mattresses. The inspectors confirmed that these were utilised where they were indicated as required. Weight was monitored monthly and the GP was informed in the first instance of the weight loss. This was evident on the medical records.

Wound-care documentation was found to be detailed with detailed and ongoing assessments, grading and a documented treatment plan. The progress records examined in the case of three residents indicated that the treatment plan was adhered to. Referral and advice from specialist in skin and wound care was also sought. A number of the nursing staff have undergone training in wound-care prevention and management.

Access to physiotherapy for three hours per week, occupational therapy as required and speech and language therapy is provided by the provider. Physiotherapy includes a group exercise and one-to-one sesssions. Seating assessments have been undertaken and adapted cutlery and crockery provided to maintain residents' independence. One resident informed inspectors that before he had access to the in-house physiotherapist he had very poor mobility, but was now getting up with support and specialised seating.

The centre is not a dementia-specific unit but a significant number of the residents had a diagnosis of dementia. Planning for agitation or challenging behaviour was evident on the care plans and an appropriate policy was in place. Records demonstrated that the staff and person in charge have on occasion managed incidents of significantly challenging behaviours well while also accessing the appropriate therapeutic and clinical expertise. A commitment to the residents in this regard was demonstrated.

However, in two instances there was evidence that there was not a robust system in place or implemented for admission or re-admission of residents from external services which resulted in considerable distress and unplanned discharge for a number of residents. All stakeholders providing care for older persons have a responsibility to ensure that there is accuracy and transparency in relation to information sharing in order to support the best possible outcome for residents and maintain residents' safety.

An inspector acknowledged the efforts of the person in charge and the centre staff in managing a very difficult and challenging situation.

The inspectors also acknowledge that the community liaison staff made every effort to redress the situation when the omission became evident. However, these incidents demonstrate that a review of pre-admission assessments is required by the person in charge, and an insistence that all services supply an adequate record of medical, nursing and psychiatric condition of the person at the time of admission so that the provider can be compliant with the regulation and make decisions as to their capacity to provide care for residents in the environment.

The care plans were detailed; however, they contained very little information to support residents' changing needs in terms of cognitive impairment or dementia such as identifying and enhancing specific communication or therapeutic interventions and implementing them. The person in charge stated that the process of completing life story books with or on behalf of residents had commenced.

The care plans did not clearly demonstrate that residents and relatives were informed and consulted. This may in part be due to the use of the computerised system. However, relatives spoken with and residents who could communicate informed inspectors that they were consulted regarding their care and kept informed of changes.

Residents' social care needs were catered for in a number of different ways. An activities coordinator is employed currently for 12 hours per week and is available Monday, Tuesday and Wednesday from 12:30hrs until 16:30hrs. A daily log of the activities was maintained and this demonstrates that both group activities such as bingo, and individual support such as hand massage or reading take place for residents who cannot participate in these activities. On Friday afternoons a gentle seated exercise session takes place. Prayers are scheduled for Thursday. Residents have taken part in local events such as positive ageing week for those who can leave the centre with family members.

The person in charge informed the inspectors that twenty four hours is available for activities but they are currently not being utilised. However, inspectors did observe significant periods over both days when in various parts of the premises residents were not involved in any meaningful occupation or recreation. This was especially true of those residents who could not mobilise independently. Notwithstanding this, staff were observed to be very attentive and respectful to residents.

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

Inspectors examined the complaints register and found that seven complaints were recorded since the inspection in 2011. These were transparently recorded and the records showed evidence that the person in charge took the complaints seriously, sought resolutions and changed practices where this was deemed necessary. The complainants were consulted regarding their views of the outcome.

A log of general day-to-day issues was also maintained; this showed that any issues raised were addressed promptly by the person in charge. Residents stated that if they had a complaint the person in charge would deal with it but they did not have any.

Outcome 15
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.

References:
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors reviewed the menu available, food supplies and observed mealtimes and found that food was nutritious and freshly prepared. Attention was paid both to residents' preferences and to their dietary needs. Fresh fruit was available in a manner which ensured residents could access this. Residents confirmed to inspectors that they liked the food, their wishes were taken into account and that they could have tea or snacks as they wished. Puréed meals consisted of the same food other resident were having on the day, ensuring both variety of taste and nutritional value.

A number of residents had specific dietary needs and these were detailed in their care plans and hard copies of speech and language reviews or dieticians review were maintained in the medical files. Consistency was found between the plans outlined: for example, the consistency of the meal or the grading required for thickening of fluids and the details available to the care assistants and catering staff. Inspectors observed that these instructions were adhered to on the day of the inspection. Additional supplements were identified and included in the care plans where required. These were administered by nursing staff only and recorded on the medication administration record; staff were knowledgeable about the individual resident's specific dietary requirements. Weight loss is referred to the GP. In some instances GPs make the initial decision regarding grading of fluids prior to referral to speech and language therapy.

However, although the catering section held the record of the initial assessment, as the residents' needs changed this was recorded in another format in the kitchen which could lead to an error. Assistance was sensitively offered, and there were enough staff to support residents, ensuring they were not rushed with their meals.

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:

Ensure that no staff member is employed unless they have obtained all of the information and documents specified in Schedule 2 and that the provider is satisfied on reasonable grounds as to the authenticity of the references referred to in Schedule 2.

Inspection findings

A sample of personnel files examined demonstrated that there had been an improvement in the recruitment process in terms of safeguarding with the documents required present. Garda Síochána vetting had been applied for but was not yet returned. The provider utilised a pro-forma document which staff were required to have their GP sign as evidence of mental and physical fitness for the post. The policy on recruitment had been updated to reflect the fact that three references were required and the files examined held three references. Evidence of current registration with an Bord Altranais was available for nursing staff.

Inspectors examined current and planned rosters and found that the numbers and skill mix of staff was suitable for the assessed needs of the residents. A significant number of the forty seven residents who were residing in the centre on the day of the inspection were assessed as between maximum and high dependency. Staff acknowledged that they were very busy but that if additional help was needed this would be made available.

An appraisal system had been commenced by the person in charge but had not as yet been completed for all staff. A sample of records seen by inspectors indicated that this process focused on resident care and development of the staff in terms of training plans. An induction checklist was utilised and staff confirmed up to three days supernumery induction prior to going on duty.

Inspectors examined the staff training matrix and found that mandatory training in manual handling was held for 25 staff in 2012 as required. Further training in challenging behaviour is scheduled to take place in October 2012 for 15 staff. One care assistant staff member is currently undertaking Further Education and Training Awards Council (FETAC). The details available on the training matrix were not precise but the person in charge stated that twenty five staff have undergone at least one module of this training.

Inspectors reviewed the minutes of two staff meetings which had taken place in 2012, one for night carers and one for nurses and care assistant staff. The focus was on residents' safety and practical concerns. A handover report takes place daily at 14:00hrs, which is attended by carers and nursing staff, and care assistants provide a report on the residents' morning and care delivery.

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 inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

18 October 2012

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report *

Centre Name:	Archersrath Nursing Home
Centre ID:	0191
Date of inspection:	11 October 2012 and 12 October 2012
Date of response:	8 November 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: 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:

The contract for care does not specify the precise individual costs of the items on the "additional services" list so that residents may choose to avail of the specific items or choose not to.

Action required:

Review the contract of care to ensure that the costs of additional items are clearly defined.

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

Action required:
Ensure that residents have the freedom to exercise choice as to what if any additional or ad hoc services they wish to avail of and make payment for.
Reference: Health Act, 2007 Regulation 28: Contract for the Provision of Services Regulation 10: Residents' Rights, Dignity and Consultation 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: 1. The contract of care will be reviewed in line with the revised Nursing Homes Ireland template issued in November 2012. 2. The provider will ensure that additional services will only be charged with the consent of the resident or their representative.	31 December 2012

Outcome 3: Suitable person in charge

The provider is failing to comply with a regulatory requirement in the following respect:
The organisational structure does not constantly ensure that the person in charge has adequate support on a day-to-day basis to carry out duties required.
Action required: Put in place a system to ensure that the assistant director of nursing is available to support the person in charge.
Reference: Health Act, 2007 Regulation 15: Person in Charge Standard 27: Operational Management Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Our recruitment process has now been completed and new Nursing Staff are employed and the Clinical Nurse Manager is available to support the Person in Charge.	Completed

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 health and safety statement was not current - the emergency plan requires amendment to include arrangements for the evacuation of residents.	
Action required: Review and update the health and safety statement.	
Action required: Revise the emergency plan to include arrangements in the event of the evacuation of the premises and make a directory of residents, including dependency levels and mobility status available and easily accessible for use by emergency services.	
Reference: Health Act, 2007 Regulation 30: Health and Safety 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:	
1. The health and safety statement has been reviewed and updated.	Completed
2. The emergency plan will be revised to include arrangements in the event of evacuation of the premises.	30 November 2012
3. The directory of residents will be revised to include individual dependency level and mobility status.	30 November 2012

Outcome 8: Medication management

The provider is failing to comply with a regulatory requirement in the following respect: Policy on medication management requires amendment and review.

Action required:

Review the policy and practice on the management of medication including the transcribing of prescriptions, crushing of medication and storage of Schedule 2 drugs to ensure accuracy of auditing.

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: The medication management practice will be reviewed to reflect our policy on the transcribing of prescriptions, crushing of medication and storage of Schedule 2 drugs. Practice will be reviewed on an ongoing basis. Discussion has taken place with the pharmacist.	Completed

Theme: Effective care and support

Outcome 11: Health and social care needs

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

- care plans did not consistently reflect the assessment of needs of residents with cognitive impairment or dementia
- pre-admission assessment and requirements for reports in relation to the medical, nursing and psychiatric condition was not adequate to support an informed choice for admission and subsequent care planning
- activities were not sufficient to provide residents with meaningful occupation.

Action required:

Devise and implement care plans which take account of residents' need for communication, activities, therapies or cues that promote quality of life for residents with cognitive impairment.

Action required:

Increase the availability of opportunities for residents to participate in activities appropriate to their interests and capacities.

Action required: Put in place an admissions procedure that includes requirement for a record of the medical, nursing, psychiatric (where applicable) condition of the resident at the time.	
Action required: Demonstrate that relatives are consulted regarding care plans and informed of all incidents including medication errors.	
Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Regulation 25: Medical Records Regulation 6: General Welfare and Protection Standard 11: The Resident's Care Plan Standard 10: Assessment Standard 8: Protection	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: 1. Care plans will be reviewed to reflect the needs of individual residents with cognitive impairment. 2. The activities programme will be reviewed to ensure increased availability of activities appropriate to residents' interest and capacities. 3. PIC will ensure that full medical, nursing, social and psychiatric (where applicable) current details are provided to the nursing home as part of a more robust pre-admission assessment. 4. Individual care plans will be reviewed with input from resident and/or relative. Relatives will be informed of all incidents including medication errors.	 30 November 2012 30 November 2012 Ongoing

Theme: Workforce

Outcome 18: Suitable staffing

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

- staff appraisal and supervision was not consistently implemented
- staff require training in implementing care plans for residents with dementia.

Action required:

Implement and consistently apply a staff appraisal system.

Action Required:

Provide staff with access to training in providing care for residents with cognitive impairment according to contemporary evidence-based practice.

Reference:

Health Act, 2007
Regulation 17: Training and Staff Development
Standard 24: Training and Supervision

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: 1. The person in charge had implemented a staff appraisal system but will now apply this more consistently. 2. The provider will continue to provide staff with access to training in providing care for residents with cognitive impairment according to contemporary evidence-based practice. Twenty four current staff members have undergone this training in the past year and further training has been booked.	 Ongoing Training held on 30 October 2012

Any comments the provider may wish to make:

Provider's response:

Management and staff would like to acknowledge the professional and courteous manner in which the inspectors carried out their two-day inspection.

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

Date: 8 November 2012