

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection Report  
Designated Centres under Health Act  
2007**



<b>Centre name:</b>	Heatherlee Nursing Home
<b>Centre ID:</b>	0237
<b>Centre address:</b>	Lawlor's Cross
	Killarney
	Co Kerry
<b>Telephone number:</b>	064-6633944
<b>Email address:</b>	catherine2mile@hotmail.com
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Mary O'Brien
<b>Person authorised to act on behalf of the provider:</b>	Mary O'Brien
<b>Person in charge:</b>	Mary O'Brien
<b>Date of inspection:</b>	3 October 2012 and 4 October 2012
<b>Time inspection took place:</b>	<b>Day-1 Start:</b> 08:00hrs <b>Completion:</b> 18:00hrs <b>Day-2 Start:</b> 08:00hrs <b>Completion:</b> 13:00hrs
<b>Lead inspector:</b>	Vincent Kearns
<b>Support inspector(s):</b>	n/a
<b>Purpose of this inspection visit:</b>	<input type="checkbox"/> to inform a registration/renewal decision <input checked="" type="checkbox"/> to monitor ongoing regulatory compliance <input type="checkbox"/> following an application to vary conditions <input type="checkbox"/> following a notification <input type="checkbox"/> following information received
<b>Type of inspection</b>	<input type="checkbox"/> <b>announced</b> <input checked="" type="checkbox"/> <b>unannounced</b>

## 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 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.

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

This monitoring inspection was unannounced and took place over two days. 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.

A number of improvements were required to comply 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*.

The following is a summary of these required improvements:

- the statement of purpose required updating
- not all staff were sufficiently aware of the infection control policy
- unsuitable practices relating to the management of written records including the use of erasing fluid on fire records
- the door into the kitchen was unsecured at times
- there was a lack of hand-rails in some circulation areas
- the medication policy was not adequate
- not all required notifications had been provided to the Authority
- the care plans were not adequate
- residents' toilets required suitable locking mechanisms
- the complaints records were not adequate.

### **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 1**

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

### **References:**

Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

### **Outstanding action(s) required from previous inspection:**

To provide a statement of purpose that meets all of the requirements of Schedule 1 of the Health Act, 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

## **Inspection findings**

A written statement of purpose was available and it had been reviewed in March 2012 with a further review date of March 2014. The inspector noted that the statement of purpose met most of the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). However, the inspector noted that the statement of

purpose did not contain the name and position of each person participating in the management of the designated centre and inadequate arrangements were made for dealing with reviews of the resident's care plan referred to in Article 8(1).

### **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

#### **Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

### **Inspection findings**

There was a full-time person in charge (PIC) who was also the provider. The PIC was a registered nurse with the required experience and clinical knowledge in the area of nursing older people. In the absence of the PIC, the staff nurse on duty undertakes her responsibilities. The PIC informed the inspector that even though she may be off duty, nevertheless she is always available to provide any support or assistance that may be required.

Throughout the two days of inspection the PIC demonstrated an adequate knowledge 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*.

The inspector also noted that the PIC demonstrated a willingness to work towards meeting regulatory requirements and a commitment to improving standards of care. This was further evidenced by a number of quality initiatives that she had instigated, in particular the ongoing auditing process.

#### **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

**Outstanding action(s) required from previous inspection:**

To make all the necessary arrangements by training all staff members or by other measures, which are aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

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

**Inspection findings**

The provider worked each day as PIC in the centre and was involved in the day-to-day care provision for residents. The provider informed the inspector that she monitored safeguarding practices in the centre by regularly speaking to residents and relatives, and by reviewing the systems in place to ensure safe and respectful care. During the inspection the inspector observed the provider speaking to residents and visitors in a sensitive and considerate way. Residents spoken with confirmed to the inspector that they felt safe and spoke positively about their care and the consideration they received. Residents described the staff and particularly the PIC as being readily available to them if they had any concerns.

The inspector viewed centre-specific policy and procedure for the prevention, detection and response to abuse and noted that this policy had been reviewed in September 2012. The inspector noted that elder abuse training had been most recently provided in April 2012. Staff with whom the inspector spoke were able to confirm their understanding of the features of elder abuse and their reporting obligations. However, the policy on elder abuse was not adequate as it did not provide sufficient detail in relation to the following:

- the effective management of staff in the event of an allegation of elder abuse
- there was inadequate detail in relation to contacting the residents' general practitioner (GP)
- there was inadequate details in relation to the management of an elder abuse investigation
- there were inadequate reporting requirements in relation to an allegation of abuse
- protective measures for residents that may be required were not adequately detailed.

In relation to restraint practices, the inspector observed that while bedrails were in use, their use followed an appropriate assessment. The inspector noted that signed consent from residents was secured where possible and the use of bedrails discussed with residents' representatives as appropriate. There was a centre-specific restraint policy, which had been reviewed by the PIC in September 2012. This policy stated that the centre aimed for a restraint-free environment and included a direction to consider all other options prior to using restraint. The inspector noted that there were centre-specific restraint release and review charts used in relation to the use of bedrails. The inspector further noted that the use of bedrails was suitably monitored using these charts to record each episode of restraint, including the duration and observation of such restraint. The inspector cross-referenced these charts with residents' care plans and noted the frequency of such observations was related to the needs of residents as identified in their care plans.

### **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

#### **Outstanding action(s) required from previous inspection:**

To take adequate precautions against the risk of fire, including the identification and assessment of risks throughout the designated centre, the provision as appropriate, of suitable observation of residents who smoke, ensure the safe storage of residents' matches/cigarette lighters and provide the accompanying suitable documentation in resident's care plans.

To ensure the cleaning equipment provided for use by persons who work in the centre is suitably stored to prevent cross-infection.

To remove all door wedges in fire doors and make suitable arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents by ensuring that the fire exit doors are not partially blocked.

To take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre by:

- securing access to the sluice room
- ensuring that the keys are not left in the locks of the cleaning cupboards and ensure that all cleaning chemicals are stored safely
- ensuring that access to the laundry is secured and provide lockable cupboards for safe storage of cleaning chemicals
- ensuring that access to the staff changing facilities is secured
- ensuring the safe storage of personal protective equipment including plastic

gloves

- ensuring that access to the kitchen is secured
- ensuring that the gate to the enclosed external area is secured.

## **Inspection findings**

The environment was kept adequately clean and maintained, with flooring and lighting in suitable condition and there was a working call-bell system.

The inspector viewed the fire register and noted that fire safety and evacuation training was provided regularly. The inspector also reviewed records of maintenance and safety practices which confirmed that fire equipment and fire prevention checks were up to date, and staff had attended regular fire safety training with the most recent evacuation fire drill recorded in February 2012. Staff spoken with confirmed that they had received appropriate training and were able to outline to the inspector their knowledge of fire procedures and participation in fire drills. Fire-fighting equipment and maintenance records were found to be up to date, safety practices and checks were recorded. However, the inspector noted that erasure fluid had been used on staff fire-training records.

The inspector viewed a centre-specific policy on smoking which was dated as being reviewed in July 2012. The policy included the use of a number of suitable assessments of residents who smoked, including the mini-mental test score and a physical dexterity test designed to risk assess each resident who smoked cigarettes. The inspector noted that the requirement for continuous observation of residents while smoking was detailed in the smoking policy. The provision of continuous observation of residents while smoking was also confirmed by the PIC who stated that she viewed smoking as a high risk issue, and that continuous observation was therefore necessary.

The provider informed the inspector that all door wedges had been removed and that all deliveries provided to the centre were organised to ensure that no fire exit doors were blocked.

Since the last inspection the inspector noted that the following measures had been taken:

- access to the sluice room had been secured
- access to the laundry had been secured and there were lockable cupboards for safe storage of cleaning chemicals provided
- access to the staff changing facilities had been secured
- the storage of personal protective equipment including latex gloves had been risk assessed
- the gate to the enclosed external area had been secured.

The inspector also noted that locks had been fitted to both doors into the kitchen. However, during the course of the two days of inspection the inspector noted that one of these doors was not secured on a number of occasions.

There were some measures in place to control and prevent infection, including some arrangements for the segregation and disposal of waste, including clinical waste, and most staff spoken with had received infection control training. The inspector noted that the cleaning equipment provided in the centre was suitably stored to prevent cross-infection. However, not all staff responsible for cleaning could outline effective infection control measures to the inspector.

There was a safety statement available and the inspector viewed a risk register which identified slips, trips, falls and manual handling risks with appropriate and detailed measures/action plans aimed to reduce such hazards. However, the inspector noted that a number of the identified hazards had not been signed or dated by the PIC.

At the front of the centre there was open access onto a busy road and the car park was also located to the front. The provider informed the inspector that she would risk assess the car park area in the context of its location and residents and visitor access. However the inspector noted that there were no suitable supports such as hand-rails at the front entrance or at the exit leading out to the external courtyard of the centre.

#### **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

#### **Outstanding action(s) required from previous inspection:**

To ensure that there are suitable arrangements and appropriate procedures in accordance with current regulations, guidelines and legislation for the handling, storing and disposal of used needles and syringes.

Take all reasonable measures to prevent accidents to any person in the designated centre by ensuring the safe storage of the medication fridge.

#### **Inspection findings**

Nursing staff with whom the inspector spoke demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. The inspector noted that the visiting pharmacist provided a review of the residents' medication records in April 2012 and also provided staff training in medication management in February 2012.

All residents' records reviewed had photographic identification in place. There was a medication fridge, and the sharps boxes for storing used syringes and needles were kept in the nurses' office which was secured. The inspector noted that the

medication fridge maintained medication at the appropriate temperature. Written records were available in relation to the regular monitoring of the medication fridge temperature.

Controlled drugs were stored safely in a locked box within a locked cupboard and stock levels were recorded at the end of each shift in a register in keeping with best practice. There was a centre-specific medication policy which had been reviewed in August 2012. This policy detailed the procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. However, the policy was not adequate in relation to the management of covert administration of medication for the following reasons:

- the policy did not require the involvement of the GP
- the policy did not adequately state the circumstances when such method of medication administration may be required
- the policy did not adequately detail the procedure to be followed in providing such form of medication administration
- the policy did not adequately involve residents’ representatives in deciding on using this form of medication administration.

In addition, the inspector reviewed the policy on medication errors which was centre specific and had been last reviewed in August 2012. However, this policy was not suitable as it did not require medication errors to be recorded in the medication records (kardex).

**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

**Outstanding action(s) required from previous inspection:**

Put in place appropriate and suitable practices relating to the management of written policies and procedures under Schedule 5 and ensure that staff are familiar with such policies and procedures.

## Inspection findings

Since the last inspection the PIC informed the inspector that she had commenced a system for reviewing the quality and safety of care and the quality of life of residents.

The PIC outlined a comprehensive quality assurance process that was also evidenced by comments from residents, documentation reviewed, and from the practice observed. There was a centre-specific quality assurance/improvement policy that had been updated in September 2012.

The PIC in consultation with her staff had implemented a quality review activity that included the following audits:

- fire and safety audit in June 2012
- complaints audit in May 2012
- infection control audit in January 2012
- medication audit in August 2012
- audit of restraints in May 2012
- smoking audit in February 2012
- falls audit in May 2012
- residents weights audit in May 2012
- audit of catering in March 2012.

The PIC informed the inspector that residents' committee meetings were held in the centre with the most recent meeting held in November 2011. In addition, the inspector noted that there was a survey of resident satisfaction levels conducted September 2012 and a copy was made available for residents.

### **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

**Outstanding action(s) required from previous inspection:**

Keep satisfactory records of any occasion on which restraint is used including suitable review of consent and ensure that records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

**Inspection findings**

There was a centre-specific policy on dysphagia (swallowing difficulties) that had been reviewed in September 2011, and the inspector noted that residents' weights were also monitored and recorded at a minimum each month and more often if required. There was a centre-specific policy in relation to the monitoring of residents' weights that had been last reviewed in November 2011.

There was a centre-specific restraint policy which aimed for a restraint-free environment and included a direction to consider all other options prior to its use. While bedrails were in use, their use followed an appropriate assessment, and the inspector noted that signed consent from residents was secured where possible and the use of bedrails discussed with residents' representatives as appropriate. The inspector noted that the use of bedrails was also monitored appropriately.

The inspector reviewed a selection of care plans which were centre-specific and were reviewed at three-monthly intervals. There was evidence of a range of assessment tools being used and ongoing monitoring of falls and, where appropriate, fluid intake. In addition, there were risk assessments in relation to the use of restraint and nutritional needs and dehydration, and choking risk assessments had also been conducted. From the sample of care plans reviewed the inspector noted that for each resident requiring it, there was an up-to-date nursing wound management care plan in place and it was revised as required by the resident's changing needs or circumstances.

There was a policy on the prevention and management of pressure sores that was centre-specific and had been reviewed in August 2011. However, this policy was not adequate as it did not require the PIC to provide notification to the Authority in the event of a resident developing a pressure sore under certain circumstances. The inspector also noted from a review of residents' care plans that there were records detailing one incident of a resident having developed a pressure sore. However, the required notification to the Authority had not been provided as required under Regulation. In addition, the care plans reviewed were not adequate for the following reasons:

- some care plan admissions had not been signed by the admitting nurse
- the letters "N" or "D" were used instead of the actual time for recording the nursing entries into the care plans

- a number of vital signs including blood pressure and pulse recordings had not been recorded on the admission page of some care plans
- a number of risk assessments including falls, restraint, choking, and skin integrity had not been updated in the previous six months.

### **Outcome 12**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

### **References:**

Regulation 19: Premises

Standard 25: Physical Environment

### **Outstanding action(s) required from previous inspection:**

Ensure that the physical environment for residents with cognitive impairment has adequate landmarks, cueing and distinctive visual elements to orient residents and to promote their independence.

Provide a call-bell system with an accessible alarm facility in every room normally used by residents and for every bed with due regard to the resident's safety.

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre by ensuring that the gate to the enclosed external area is secured.

Provide privacy, insofar as is reasonably practicable, in the two bedrooms that have windows opening onto the enclosed outside area, to the extent that these residents are able to undertake personal activities in private.

### **Inspection findings**

The centre was established in 1997 and the standard of décor was generally adequate. The inspector noted that efforts had been taken to create an atmosphere of comfort and relaxation through the use of fittings and furnishings and there were a number of assisted chairs available. There were separate communal and dining areas, which allowed for a separation of functions. The provider informed the inspector of her plans for the complete refurbishment of a number of bedrooms and the upgrading of other rooms.

Since the last inspection the inspector noted that adequate landmarks, cueing and distinctive visual elements had been placed in the centre to promote residents' independence. The inspector also noted that the gate to the enclosed external area had been secured and there was a call-bell system with an accessible alarm facility provided in every room normally used by residents. In addition, privacy screening had been placed on the two bedrooms with windows opening onto the enclosed outside

area allowing residents using these rooms to undertake personal activities in private. However, the inspector noted that there were no locks in residents' communal toilets.

**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

**Outstanding action(s) required from previous inspection:**

Put in place appropriate and suitable practices relating to the management of written policies and procedures in relation to complaints and ensure that staff are familiar with such policies and procedures.

**Inspection findings**

Inspector noted that there was a centre-specific complaints policy which had been reviewed in August 2012. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. A copy of the complaints procedure was also provided in the statement of purpose and the Residents' Guide. Residents to whom the inspector spoke confirmed that any complaints they might have were dealt with satisfactorily. The inspector reviewed the complaints log and noted that there was no record of any complaints having been made in 2012. The provider confirmed that she dealt with any complaints as soon as possible and felt that residents were happy with the service they received.

**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

**Outstanding action(s) required from previous inspection:**

Put in place recruitment procedures to ensure no staff member is employed unless full and satisfactory information and documents as specified in Schedule 2 have been obtained in respect of each person.

**Inspection findings**

There was a centre-specific policy on recruitment and selection of staff and on staff induction, both of which were dated September 2012. In relation to staff references, the provider informed the inspector that she always sought telephone verification from previous employers. From the selection of staff files reviewed the inspector noted that there was a centre-specific staff induction programme. The provider stated that this programme was implemented with all new staff. The inspector also noted that issues covered by this programme included manual handling, fire prevention training, health and safety, customer service, confidentiality, policies and procedures and the call-bell system.

Staff spoken with were able to articulate clearly the management structure and reporting relationships to the inspector and confirmed that copies of both the Regulations and the Standards had been made available to them. The inspector also noted that copies of both the Regulations and the Standards were available in the nurses' office and staff spoken with expressed an adequate knowledge of the Regulations and Standards.

The inspector noted that there was a staff training schedule available which recorded the following training:

- elder abuse training
- challenging behaviour
- restraint management
- diabetes
- care plans
- care of the resident with dementia.

There was evidence that staff meetings were held and chaired by the PIC and minutes were kept of the issues discussed. Staff spoken with confirmed that such

meetings were held and a sample of the minutes showed that topics discussed included the introduction of new practices, auditing of care and outcomes, policies and procedures, annual staff performance reviews, provision of activities, training opportunities, standards and legislation requirements.

## Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider 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, provider and staff during the inspection.

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

Vincent Kearns  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

31 October 2012

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

<b>Centre Name:</b>	Heatherlee Nursing Home
<b>Centre ID:</b>	0237
<b>Date of inspection:</b>	3 October 2012 and 4 October 2012
<b>Date of response:</b>	3 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 1: Statement of purpose and quality management***

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

To compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Action required:**

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

<b>Reference:</b> Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The statement of purpose has been changed. Action completed.	27 November 2012

**Theme: Safe care and support**

***Outcome 6: Safeguarding and safety***

<b>2. The provider has failed to comply with a regulatory requirement in the following respect:</b>  To put in place a policy on, and procedures for, the prevention, detection and response to abuse.	
<b>Action required:</b>  Put in place a policy on, and procedures for, the prevention, detection and response to abuse.	
<b>Reference:</b> Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection Standard 9: The Resident's Finances	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Updating elder abuse policy.	15 December 2012

***Outcome 7: Health and safety and risk management***

<b>4. The provider has failed to comply with a regulatory requirement in the following respect:</b>  To take all reasonable measures to prevent accidents to any person in the designated centre by ensuring that access to the kitchen is secure.
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<b>Action required:</b>	
Take all reasonable measures to prevent accidents to any person in the designated centre by ensuring that access to the kitchen is secure.	
<b>Reference:</b>	
Health Act, 2007 Regulation 19: Premises Regulation 31: Risk Management Procedures Standard 25: Physical Environment Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
Kitchen door kept closed ensuring that access to the kitchen is secure.	1 November 2012

<b>5. The provider has failed to comply with a regulatory requirement in the following respect:</b>	
To ensure that all staff members are made aware of the provisions of the Act and all regulations and rules made thereunder, commensurate with their role and any policies and procedures including the infection control policy.	
<b>Action required:</b>	
Make suitable arrangements to ensure that all staff members are made aware of the provisions of the Act and all regulations and rules made thereunder, commensurate with their role and any policies and procedures including the infection control policy.	
<b>Reference:</b>	
Health Act, 2007 Regulation 17: Training and Staff Development Regulation 19: Premises Regulation 31: Risk Management Procedures Standard 24: Training and Supervision Standard 25: Physical Environment Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
Infection Control risk management & schedule implemented.	1 November 2012

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

To take all reasonable measures to prevent accidents to any person in the designated centre by ensuring that hand-rails are provided in circulation areas.

**Action required:**

Take all reasonable measures to prevent accidents to any person in the designated centre by ensuring that handrails are provided in circulation areas.

**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:

Handrails will be erected in circulation area.

28 January 2013

***Outcome 8: Medication management***

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

To put in place appropriate and suitable practices and written operational policies relating to the prescribing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

**Action required:**

Put in place appropriate and suitable practices and written operational policies relating to the prescribing 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

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Updating policy, written acceptance by resident involved and their GP. Completed.	15 December 2012

***Outcome 9: Notification of incidents***

<p><b>8.The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>To give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.</p>	
<p><b>Action required:</b></p> <p>Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007            Regulation 36: Notification of incidents            Standard 29: Management Systems            Standard 30: Quality Assurance and Continuous Improvement            Standard 32: Register and Residents' Records</p>	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The Authority will be notified as required.	4 October 2012

**Theme: Effective care and support**

<p><b>9.The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>To provide a high standard of evidence-based nursing practice and ensure each resident's needs are set out in an individual care plan, including assessments in relation to residents' clinical observations and risk assessments at suitable frequency that have been developed and agreed where possible with each resident.</p> <p>To put in place suitable and sufficient care including suitable management and recording of care planning to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.</p>
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**Action required:**

To provide a high standard of evidence-based nursing practice and ensure each resident's needs are set out in an individual care plan, including assessments in relation to residents' clinical observations and risk assessments at suitable frequency that have been developed and agreed where possible with each resident.

**Action required:**

Put in place suitable and sufficient care including suitable management and recording of care planning to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

**Reference:**

Health Act, 2007  
 Regulation 6: General Welfare and Protection  
 Regulation 8: Assessment and Care Plan  
 Regulation 22: Maintenance of records  
 Standard 10: Assessment  
 Standard 11: The Resident's Care Plan  
 Standard 13: Healthcare  
 Standard 17: Autonomy and Independence

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Improved individual care plans, and assessments introduced. Completed.	22 October 2012

***Outcome 12: Safe and suitable premises*****10.The provider is failing to comply with a regulatory requirement in the following respect:**

To provide residents with privacy to the extent that each resident is able to undertake personal activities in private by ensuring that residents' toilets are fitted with suitable locking mechanisms.

**Action required:**

To provide residents with privacy to the extent that each resident is able to undertake personal activities in private by ensuring that residents' toilets are fitted with suitable locking mechanisms.

<b>Reference:</b> Health Act, 2007 Regulation 19: Premises Standard 4: Privacy and Dignity Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Suitable locking system for residents toilets will be in place by stated timescale.	31 January 2013

***Outcome 13: Complaints***

<b>15.The provider is failing to comply with a regulatory requirement in the following respect:</b>  To 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.	
<b>Action required:</b>  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.	
<b>Reference:</b> Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  All complaints and outcomes now being documented. Completed.	16 October 2012

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

**Provider's response:**

None given.

**Provider's name:** Mary O'Brien

**Date:** 29 November 2012