

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Greystones Nursing Home
Centre ID:	0045
Centre address:	Church Road Greystones, Co. Wicklow
Telephone number:	012873226
Email address:	greystones@arbourcaregroup.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Greystones Nursing Home Limited
Person authorised to act on behalf of the provider:	Donal O'Gallagher
Person in charge:	Zephra Johnson
Date of inspection:	3 and 4 September 2013
Time inspection took place:	Day-1 Start: 11:30 hrs Completion: 17:40 hrs Day-2 Start: 09:30 hrs Completion: 18:30 hrs
Lead inspector:	Nan Savage
Support inspector(s):	N/A
Type of inspection	<input checked="" type="checkbox"/> announced <input type="checkbox"/> unannounced
Number of residents on the date of inspection:	56 + 1 on holidays
Number of vacancies on the date of inspection:	7

About monitoring of compliance

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

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

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

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

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

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

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

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

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

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

This report sets out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate, to renew registration. The inspection was announced and took place over two days. As part of the 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, procedures and staff files.

The inspector also reviewed resident and relative questionnaires submitted to the Authority's Regulation Directorate prior to and during the inspection. As part of the registration renewal process, discussions took place with the provider and person in charge.

On the days of inspection there were 56 residents living in the centre, 13 of whom were of maximum dependency, 22 high dependency, 16 medium dependency and five low dependency.

While some areas for improvement were identified, the inspector found that the provider was in compliance with a substantial number of 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 provider and person in charge had implemented good management processes to support the delivery of services to residents in a consistent and safe manner. There was evidence of good practice in all areas of the service and the provider and person in charge had addressed the required actions from the previous inspection.

The person in charge and staff demonstrated a comprehensive knowledge of residents' needs. The healthcare needs of residents were well met and residents had good access to general practitioner (GP) services and to allied health professionals. The person in charge had put in place safe procedures for medication management and evidence-based nursing care was provided. Improvement was required to some procedural aspects of medication management.

Residents were observed to be relaxed and comfortable when conversing with staff and the overall collective feedback from residents was one of satisfaction with the services and care provided. A choice of recreational opportunities were available to suit residents' interests and capabilities.

The provider and person in charge had promoted the safety of residents. Risk management and fire safety measures were in place although some improvement was required in risk management.

The provider and person in charge had systems in place to safeguard residents from abuse.

The inspector observed that staffing levels and skill mix met the needs of residents during the inspection and staff rosters viewed confirmed this to be the norm. The provider had made resources available for staff to attend training pertinent to their role and there was an ongoing training programme in place. Procedures were in place for the recruitment and vetting of staff however, some improvements were required.

The findings are discussed further in the report and improvements required are included in the Action Plan at the end of the report.

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

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

Theme: Leadership, Governance and Management

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

Outcome 1

There is a written statement of purpose that accurately describes the service 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

Action(s) required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

The provider updated the statement of purpose during the inspection and the inspector found that the revised version complied with the Regulations.

The statement of purpose reflected the services and facilities available to residents. The aims and objectives that were outlined in the statement of purpose were evident in practice.

Outcome 2

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

References:

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector viewed a sample of residents' contracts of care and found that there was an agreed written contract in place which included details of the services to be provided for that resident. However, the fees to be charged for some additional services that were at an extra cost were not specified in the individual residents' contracts.

Also, a condition within the contract did not meet all the requirements of the Regulations. The condition was contrary to the insurance cover requirement as set out in Regulation 26 (2).

Outcome 3

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

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The role of person in charge had not changed since the previous inspection.

The person in charge demonstrated her competency in clinical knowledge and understanding her legal responsibilities under the Regulations and the Authority's Standards. Throughout the registration inspection process she displayed a strong commitment to delivering good quality care to residents and to improving the service delivered.

Since the last inspection the person in charge had continued to engage in continuous professional development. She had attended a number of clinical courses in areas such as restraint management, nutrition and medication management. The person in charge had also completed training on behaviour that challenges and leadership. In conjunction with eight care staff she was currently undertaking Further Education and Training Awards Council (FETAC) Level 5 in care of the older person. The person in charge saw this as an opportunity to enhance her mentoring skills with care staff.

Outcome 4

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as

required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:

Regulations 21-25: The records to be kept in a designated centre
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings:

**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Residents' Guide

Substantial compliance Improvements required *

While the Residents' Guide complied with the majority of the Regulations some improvement was required. Details regarding the provider's responsibility to insure residents' personal effects was not in accordance with Regulation 26.

Records in relation to residents (Schedule 3)

Substantial compliance Improvements required *

General Records (Schedule 4)

Substantial compliance Improvements required *

Operating Policies and Procedures (Schedule 5)

Substantial compliance Improvements required *

Some improvement was required to the medication management policy and procedures as described under Outcome 8. There was no written procedure in place for PRN (as required) medication.

Directory of Residents

Substantial compliance Improvements required *

The person in charge had ensured that the directory of residents was maintained up to date with information including the resident's GP and transfer details. However, the name and address of any Authority, organisation or other body, which arranged the resident's admission to the centre had not been recorded in the register.

Staffing Records

Substantial compliance

Improvements required *

As detailed in Outcome 18, some staff files did not contain all the required information in Schedule 2 of the Regulations.

Medical Records

Substantial compliance

Improvements required *

Insurance Cover

Substantial compliance

Improvements required *

An up-to-date insurance policy was in place for the centre which included cover for residents' personal property. However, this policy did not comply with all of the requirements of the Regulations. The insurance policy provided cover for residents' personal effects subject to a maximum limit of €1,000 per resident, but did not indicate if a maximum liability of up to €1000 per item was in place as specified in the Regulations.

Outcome 5

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

To date the person in charge had not been absent from the centre for a period of time that required notification to the Chief Inspector.

The inspector noted that adequate arrangements were in place for the management of the centre in the absence of the person in charge. The deputy nurse manager (DNM) covered for the person in charge in her absence. The inspector interviewed this nurse and found that she was very familiar with the statutory responsibilities of

the person in charge and had also engaged in continuous professional development. Since the last inspection she had completed a FETAC Level 6 course in gerontology and formal training in areas including, management, person centred care planning, falls prevention and accidents.

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 inspector found that measures had been taken to safeguard residents from being harmed and from suffering abuse. Residents spoken with and those who had completed questionnaires reported that they felt safe in the centre due to the care provided by staff and the premises being kept secure.

There was a policy on preventing and responding to allegations or suspicions of abuse. Staff spoken with were familiar with this policy and outlined what they would do if they suspected abuse.

Systems were in place to manage residents' finances and provide protection to residents. At the time of inspection there was no residents' monies kept for safe keeping on behalf of residents but the person in charge confirmed that this service was available to residents, if required.

Outcome 7

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

References:

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

Action(s) required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

The provider and person in charge had measures in place to promote and protect the safety of residents, staff and visitors to the centre, although some improvement was required in aspects of risk management.

There was a risk management framework in place which included a health and safety statement and risk management policy. Formal precautions were in place for specific risks such as self harm and assault. Formal arrangements were also established for the identification, recording, investigation and learning from serious incidents.

Clinical and environmental risk assessments had been completed and were recently reviewed in July 2013. However, some hazards had not been formally assessed in areas including the sluice rooms, circulation areas and external grounds. The inspector noted that access to one sluice room had not been controlled and this area contained cleaning chemicals which were not stored in a secure manner and had the potential to cause harm to some residents. Also, the inspector found that while staff supported residents to mobilise, handrails were not provided on both sides of some circulation areas to promote independence.

Measures and policies were in place to control and prevent infection but some improvement was required to ensure that the policy and procedures on prevention and control of infection adhere to best practise and is fully implemented by all staff. The inspector noted that there was an inconsistent approach to floor cleaning in residents' bedrooms and en suites. Some domestic staff informed the inspector that they changed mop water after each bedroom while other staff changed the water after every three to four bedrooms. The practice of changing mop water after three to four bedrooms had the potential to increase the risk of cross infection. At the time of inspection, four staff members were attending formal training on infection control.

The inspector found that there was a comprehensive programme in place for the servicing and checking of fire safety equipment. Staff spoken with were familiar with the centre's procedures on fire evacuation. Training records viewed confirmed that

staff had received ongoing formal fire safety training and had attended fire drills during 2012 and 2013.

There was an emergency plan in place which identified what to do in the event of emergencies such as storm damage and gas explosion. The plan also included evacuation procedures, arrangements for emergency accommodation and had been updated with transport details.

Staff were observed using safe practices to assist residents to mobilise. Staff spoken with and training records viewed confirmed that staff had received appropriate training in moving and handling. Manual handling assessments had been carried out for all residents and were maintained up to date.

The inspector found that there was a system in place to monitor visitors to the centre to ensure the safety 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:

No actions were required from the previous inspection.

Inspection findings

Medication management practices were safe, however, some improvement was required to one aspect of the medication management policy and management of medications that require special control measures (MDAs).

Policies and procedures were in place to guide and support most areas of medication management practice. The inspector noted that while good practice was evident in the use of (as required) PRN medication there was no written procedure in place.

MDAs were appropriately stored and nurses maintained the controlled drugs register up to date. While stock balances checked by the inspector were correct they were not formally checked and signed by two nurses at the change of each shift.

Adequate refrigerated storage was in use for medications that required temperature control. The medication trolleys were secured and the medication keys were held by a nurse at all times.

The inspector noted that residents' prescription and administration sheets contained required information and the sample reviewed were completed in line with professional guidelines. At the time of inspection none of the residents self-administered their medications.

The inspector viewed a sample of residents' medical notes and found that residents' health needs were being monitored. Residents' medications were reviewed regularly and an out-of-hours GP service was available to residents.

There was a process in place for the recording and management of medication errors. The inspector was informed that there had been no medication errors since the previous inspection.

Nursing staff had completed training on medication management.

<p>Outcome 9 <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p> <p>References: Regulation 36: Notification of Incidents Standard 29: Management Systems Standard 30: Quality Assurance and Continuous Improvement Standard 32: Register and Residents' Records</p>
<p>Action(s) required from previous inspection:</p> <p>No actions were required from the previous inspection.</p>

Inspection findings

Good practices were noted in relation to the recording and notification of incidents. The person in charge demonstrated her knowledge of her legal requirement to notify the Chief Inspector of specific incidents. From the sample of records reviewed a record of all incidents that had occurred were maintained and, where required, notified to the Chief Inspector.

The inspector found that details of the incident were well documented including actions taken. The person in charge had implemented a monitoring system which included an analysis of all incidents for the purpose of reducing the likelihood of reoccurrence.

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:

No actions were required from the previous inspection.

Inspection findings

The inspector noted that the quality of care and residents' experience was monitored and developed on an ongoing basis. The inspector also read that audit findings were reviewed at regular management meetings that took place between the provider, person in charge and operations manager.

For example, the person in charge had implemented a system to collect and audit information on a range of clinical matters including medication management, wound care, weight loss/gain, and incidents of falls. Data was utilised to identify possible trends with the aim of improving the quality of service and safety of residents. For example, a medication audit was completed in May 2013 which identified the need for some improvement in the storage of medications. These findings had been communicated to nursing staff and practice had subsequently improved.

The inspector also noted that the safety representative completed weekly and monthly safety inspections and where applicable findings were feedback to the provider and person in charge.

There were examples of where the quality of life of individual residents was enhanced as a result of ongoing monitoring and meetings with residents. For example, cordless call bells were provided for residents who wished to have them for additional safety. The provider and person in charge had also facilitated the completion of a resident satisfaction survey in May 2013 and the survey was carried out by the activities coordinator. The inspector read that feedback was very positive and suggestions for improvement had been used to inform service development.

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:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

The health needs of residents continued to be well met and residents had access to medical and allied healthcare services when required. There were also opportunities for residents to participate in meaningful activities. The inspector found a high standard of evidence-based nursing care and appropriate medical care was provided to residents. However, one aspect of care planning documentation relating to the assessment of residents' needs required further development. The person in charge and DNM had identified this as an area for improvement and had started to implement a comprehensive assessment of resident's activities of daily living.

Residents had good access to allied health services including dietetics, speech and language therapy (SALT), chiropody, optical and dental care when required. Residents also had access to psychiatry of later life (POLL). Records of referrals and assessments were maintained on residents' files. Residents also had access to physiotherapy via an in-house staff member who was a qualified physiotherapist.

The inspector reviewed a sample of residents' files, including the files of residents with wounds, nutritional issues, at risk of falling, a form of restraint in use and potential behaviour that challenges.

A range of risk assessments had been completed and were used to develop care plans that were person centred, individualised and described the care to be given. There was written evidence that care plan interventions were reviewed three monthly or as required by the resident's changing needs. There was also documentary evidence that residents or their representative were involved in the development and review of the resident's care plan, where possible. While residents' needs were assessed on admission there was limited ongoing review of some areas of resident's activities of daily living.

The inspector noted that a high standard of care was provided in pressure ulcer prevention and wound care management. Wound assessments, care plans and progress notes were completed and showed the progression of the wound. The person in charge had utilised tissue viability services when required and there was evidence that assistive devices were used to promote pressure relief. The related area of nutritional care is discussed in more detail under Outcome 15.

Fall prevention measures were implemented for residents assessed at high risk of falling. For example, the inspector read that following a fall, residents associated assessments and care plans were revised where relevant with interventions to reduce the likelihood of reoccurrence.

The inspector found that measures were in place to manage behaviour that challenges. There was a policy in place which gave instructions to staff on how to manage behaviour that challenged. Residents with potential behaviour that challenged had been assessed and an associated care plan implemented for the management of this behaviour. Staff spoken with were aware of residents with potential behaviour that challenged and described techniques that they used to manage this behaviour. The inspector also noted that there was regular input from psychiatric services.

The inspector reviewed the management of the use of restraint and found that while the person in charge promoted the reduction in the use of restraint there were a number of residents with a form of restraint in use. Prior to implementing a restraint measure, a risk assessment was carried out to ascertain the appropriateness of the restraint for the resident. There was also evidence that alternatives had been considered and recorded prior to the use of restraint. The inspector noted that the restraint measures had been discussed or agreed with the resident or their representative, the GP and nurse. The inspector also noted that where restraint was used controls had been implemented.

Residents had the opportunity to take part in meaningful social care and the inspector observed staff interacting with residents in a respectful manner. The inspector spoke with the full-time activities coordinator who described the programme of activities available to residents including therapeutic activity for residents with communication and other sensory difficulties. During the inspection activities including Sonas (a programme of therapeutic activity focused on promoting communication, especially for people with dementia), home baking and music therapy took place. The inspector noted that while social information had been

gathered for each resident the capabilities of some residents with complex needs were not adequately assessed and documented.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that the physical environment complied with most Regulations and the Authority's Standards and overall met residents' individual and collective needs in a comfortable and homely way. There was also appropriate equipment for use by residents or staff which was maintained in good working order.

The inspector observed one change to the layout of the centre from when the provider had submitted the application to renew registration. The prayer room that had been located on the ground floor was now converted into a storage room. The person in charge informed the inspector that this room had not been used by residents.

Suitable and sufficient private and communal space was available for residents. A formal dining room was provided for residents who wished to use it, and there were two additional dining/communal areas that were also used by residents. Resident's bedrooms consisted of either single or two-bedded rooms and residents spoken with were happy with their bedrooms.

There were adequate numbers of assisted bathrooms and toilets to meet residents' needs.

Residents had access to external gardens including a safe enclosed garden area. Some residents spoken with and who completed the Authority's questionnaires confirmed that they enjoyed going outdoors. The inspector observed some residents going in and out of the centre during the inspection while others sat in the outdoor seating areas.

Sluicing facilities were provided, however, as detailed in Outcome 7 access to one of the sluice rooms which contained cleaning chemicals was not adequately controlled. The inspector also noted that this room was accessed through a staff toilet area.

Appropriate assistive equipment was provided to meet residents' needs including hoists, specialised beds and pressure-relieving mattresses. The inspector viewed a sample of servicing and maintenance records and found specialised equipment had been serviced when required and were maintained in good working order.

The provider had taken sufficient measures to ensure the premises was maintained both internally and externally. A full-time maintenance person was employed and responsible for the general upkeep of the premises and garden areas. The inspector read that there was an ongoing maintenance programme.

Kitchen and laundry facilities are discussed under Outcomes 15 and 17 respectively.

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

The provider had established formal arrangements for responding to complaints including the implementation of a complaints policy and procedure but some improvement was required.

Copies of the complaints procedure were displayed but did not clearly outline how to make a complaint and did not contain an adequate independent appeals process. For example, the Health Information and Quality Authority was included as part of the centre's independent appeals process. The provider revised the complaints procedure prior to completion of the inspection.

A centre-specific complaints policy was in place which gave guidance to staff. However, the policy did not comply with all the requirements of the Regulations. For example, a second nominated contact person had not been appointed to oversee that complaints were properly responded to and recorded.

The inspector found that the provider and person in charge encouraged residents to express their views. The inspector viewed a sample of complaints maintained in the complaints register and found that complaints were dealt with in accordance with the complaints policy.

Outcome 14

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

References:

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector was satisfied that caring for a resident at end-of-life was regarded as an important part of the provision of care.

Residents' end-of-life preferences were discussed and documented in care plans. The person in charge confirmed that the local hospice team provided palliative care support and had provided advice in the past. Some staff spoken with and training records viewed confirmed that key staff had received palliative care education.

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

The inspector was satisfied that residents were provided with food and drink at times and in quantities adequate for their needs. The inspector also found that staff offered assistance to residents in a discreet and sensitive manner.

The inspector noted that residents received a nutritious and varied diet that offered choice at mealtimes. Residents confirmed that there were daily meal choices and that staff asked for their preferences each day.

Measures were in place to ensure residents' dietary requirements were met. The catering staff were knowledgeable of residents' special dietary requirements and maintained information on residents' dietary needs and preferences.

Mealtimes were unhurried social events that provided opportunities for residents to interact with each other and staff. Staff assisted residents discreetly and appropriately with their meals where required. Residents spoken with were very satisfied with the menu choices available and reported that they enjoyed their meals.

The inspector saw residents and relatives being offered snacks and refreshments throughout the inspection. Some residents informed the inspector that they could have drinks and snacks at any time.

The person in charge had implemented effective systems to monitor residents' nutritional intake and weight loss/gain. Nutritional assessments were completed and used to develop informative care plans. Residents' weights and BMI were monitored monthly and more regularly when necessary. The inspector read that input had been sought from residents' GP, a dietician and SALT when required and recommendations were recorded in residents' files. The inspector noted that nursing staff informed the catering team of residents' dietary requirements and medication records showed that nutritional supplements were administered as prescribed.

The inspector visited the kitchen and found that it was maintained in a clean and hygienic condition. There were sufficient supplies of fresh and frozen food which were stored appropriately.

Outcome 16

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

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Action(s) required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

The inspector was satisfied that residents' and or their representatives were consulted with and participated in the organisation of the centre. Residents' privacy and dignity was respected including the provision of adequate space to receive visitors in private. The inspector saw examples where residents' choice and their independence was promoted.

Residents' civil and religious rights were supported. Residents confirmed that they had been offered the opportunity to vote during elections and attend religious services. The person in charge reported that residents from all religious denominations were supported to practice their religious beliefs and this was referenced in the Residents' Guide and statement of purpose.

A residents' committee referred to as the VIP committee continued to meet on a regular basis and was facilitated by the activities coordinator. The activities coordinator informed the inspector that she met with residents individually to invite them to the meeting. The activities coordinator also showed examples of posters that were displayed which reminded residents and relatives of upcoming meetings. The inspector viewed the minutes of a sample of these meetings and found that suggestions made by residents had been addressed by the provider and person in charge.

The inspector also read a selection of bi-monthly newsletters that were circulated to residents. The newsletters were informative and contained interesting articles and updates regarding activities and events. For example, the newsletter for August-September 2013 contained articles about a karaoke evening and local heritage festival that were taking place during August. There were also details on the 'positive ageing week' due to take place at the end of September.

Outcome 17

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:

Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The provider and person in charge had measures in place to protect residents' personal property and possessions and ensure the safe return of residents' clothes but some improvement was required.

The inspector visited some residents' bedrooms and found that appropriate storage was available for residents' personal belongings including lockable storage space, if required. These bedrooms were also personalised with residents' own possessions and photographs.

The inspector noted that there were arrangements in place for regular laundering and return of clothes to residents. A system was in use for identifying residents' clothing which assisted in the safe return of clothes to residents. While most residents and relatives were satisfied with the laundry service some mentioned that clothes occasionally went missing but usually turned up.

Property lists had been completed for residents' personal belongings on admission but some lists had not been maintained up-to-date with all additional items including those removed from the centre.

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:

No actions were required from the previous inspection.

Inspection findings

Adequate staffing levels and skill mix were on duty to meet the assessed needs of residents, and the size and layout of the centre. The person in charge informed the inspector that she based staffing levels and skill mix on the assessed needs of residents and their routines, the size and layout of the centre and her professional judgement.

The inspector reviewed a sample of staff files and found that the majority of required information had been obtained for staff. However, the inspector noted that staff did not have sufficient evidence of mental and physical fitness as required under the Regulations. The inspector also found that the process for verifying the authenticity of some references was not sufficient.

Staff had received up-to-date mandatory training and access to education to meet the needs of residents. The provider had made available resources and the person in charge had facilitated staff to attend training since the previous inspection. Staff spoken with and records viewed confirmed that staff had attended both in-house and external courses. Nursing staff had completed formal training in areas including person centred care planning, wound care, medication management and the dynamics of quality care. The inspector also read that one nurse had attended training on palliative care and stroke care. Department managers had also completed training on supervision and other staff had attended training on areas including dysphasia and cleaning products. As detailed in Outcome 3, several care staff were completing FETAC Level 5 in care of the older person.

Volunteers attended the centre and provided important social interaction for residents. However, the inspector found that the roles and responsibilities of one volunteer working in the centre had not been formalised in a written agreement as required by the Regulations.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, and the DNM to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

Report compiled by:

Nan Savage
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

5 September 2013

Provider's response to inspection report *

Centre Name:	Greystones Nursing Home
Centre ID:	0045
Date of inspection:	3 and 4 September 2013
Date of response:	30.09.2013

Requirements

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

Theme: Governance, Leadership and Management

Outcome 2: Contract for the provision of services

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

Contracts of care for residents did not meet all the requirements in the Regulations.

Action required:

Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

Reference:

Health Act, 2007
Regulation 28: Contract for the Provision of Services
Standard 1: Information

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

Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The additional cost relating to Recreational Activities is normally included in our Contracts of Care however on closer examination some contracts were missing this section. This has now been addressed and all contracts now have this information included. In addition, the Contract had the incorrect amount of insurance cover stated. This has been corrected for all future admissions.</p> <p>Work is under way to identify any in place contracts missing either or both details as stated above and once this is gathered those residents will be sent an amendment to their contract to inform them of same.</p>	<p>Complete 30.9.13</p> <p>To be complete by 1st December 2013</p>

Outcome 4: Records and documentation to be kept at a designated centre

<p>The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>While the Residents' Guide complied with most of the Regulations, details regarding the provider's responsibility to insure residents' personal effects were not sufficient.</p>	
<p>Action required:</p> <p>Produce a Residents' Guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 21: Provision of Information to Residents Standard 1: Information</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The Contracts of Care had the incorrect amount of insurance cover stated. This has been corrected for all future admissions.</p>	<p>30.09.2013</p>

In addition work is under way to identify any in place contracts missing the correct information and once this is gathered those residents will be sent an amendment to their contract to inform them of same.	To be completed by the 1st December 2013
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The person in charge is failing to comply with a regulatory requirement in the following respect:

The directory of residents did not comply with a requirement of the Regulations.

Action required:

Ensure that the directory of residents includes the information specified in Schedule 3 of the Regulations.

Reference:

Health Act, 2007
 Regulation 23: Directory of Residents
 Standard 32: Register and Residents' Records

Please state the actions you have taken or are planning to take with timescales:	Timescale:
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<p>Provider's response:</p> <p>The inspector noted the omission of Schedule 3 point no 3. (h) in our resident register. Alternatives to our current register are being considered so that there will be ample room for the inclusion of this data field. In the mean time we are including same in our register for all current residents.</p>	<p>To be complete by the 31st December 2013</p>
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The provider is failing to comply with a regulatory requirement in the following respect:

The insurance policy did not provide adequate cover for residents' personal effects.

Action required:

Put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).

Reference:

Health Act, 2007
 Regulation 26: Insurance Cover

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The Contracts of Care had the incorrect amount of insurance cover stated. This has been corrected for all future admissions.</p> <p>In addition work is under way to identify any in place contracts missing the correct information and once this is gathered those residents will be sent an amendment to their contract to inform them of same.</p>	<p>30.09.2013</p> <p>To be completed by the 1st December 2013</p>

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:	
<p>While clinical and environmental risk assessments had been completed some hazards had not been formally assessed in areas including the sluice rooms, circulation areas and external grounds.</p> <p>Measures and policies were in place to control and prevent infection but aspects of some staff practice did not sufficiently control the potential spread of infection.</p>	
Action required:	
<p>Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.</p>	
Action required:	
<p>Put in place a comprehensive written risk management policy and implement this throughout the designated centre.</p>	
Reference:	
<p>Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>A programme of risk assessment has commenced to include those areas detailed in the report (sluice rooms, circulation areas including sitting rooms and external grounds).</p> <p>Additionally a plan to assess the need for an extra hand rail along some corridors where there is currently only one will take place. If this assessment indicates the requirement for an additional rail one will be installed.</p> <p>Domestic staff have attended up-dating training in house on infection control to include the changing of water in mop buckets.</p>	<p>Risk assessments will be complete and in use by the 31st of December 2013</p> <p>The assessment and any required works to be complete by the 31st of December 2013.</p> <p>Complete on the 15th October 2013.</p>
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Outcome 8: Medication management

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

There was no procedure for the prescribing, administration and review of PRN medication.

MDAs were not formally checked and signed by two nurses at the change of each relevant shift.

Action required:

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

Reference:

- Health Act, 2007
- Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
- Standard 14: Medication Management

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

Timescale:

<p>Provider's response:</p> <p>A PRN medication policy had not been included in our policy book as we had felt that the guidelines and practice for medications in general matched those required for PRN medication. However, we have now developed this policy and all nurses have been given opportunity to read and sign it.</p>	<p>25th September 2013.</p>
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Theme: Effective care and support

Outcome 11: Health and social care needs

<p>The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>While social care was available to residents, the capabilities of some residents with complex needs were not adequately assessed.</p>	
<p>Action required:</p> <p>Set out each resident's needs in an individual care plan developed and agreed with the resident.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>The appropriate and full assessment of residents with complex care needs has always been the key to adhering to our company ethos and mission statement. However for those residents who have advanced dementia or who have extreme communication deficits this can be particularly challenging. For these residents we currently use one or a combination of; a Wellbeing Profiling tool, the MMSE, PAINAD tool and the Key to Me tool. However for some of our residents we also rely very much on our staffs instincts and knowledge of the those residents and their likes and dislikes. With the data collected we can develop care plans to address their social care needs. These care plans and assessments are reviewed 3 monthly or as needed however we have commenced a review of all those residents identified as being particularly vulnerable and will make changes as appropriate</p>	<p>To be complete by 31st December 2013</p>

Theme: Person-centred care and support

Outcome 13: Complaints procedures

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

A centre-specific complaints policy was in place. However, a second nominated contact person had not been appointed to oversee that complaints were properly responded to and recorded.

Action required:

Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.

Reference:

Health Act, 2007
Regulation 39: Complaints Procedures
Standard 6: Complaints

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

Timescale:

Provider's response:

The complaints policy has been altered to include this information.

30th September 2013

Outcome 17: Residents' clothing and personal property and possessions

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

An up-to-date property list was not maintained for all residents' personal belongings.

Action required:

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

Reference:

Health Act, 2007
Regulation 7: Residents' Personal Property and Possessions
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Residents property is reviewed annually in accordance with our policy either by the home's staff or the resident or relative of the resident. All items that are added or removed from the residents room should also be noted on that list in real time, however as we are not always informed of such changes this list is outside our full control. However following our inspection we have posted notices asking residents and / relatives to review these lists again along with a reminder to try to maintain them accurately with our assistance.</p>	<p>Memo posted on the 3rd October 2013 to remain in place until the 31st December 2013.</p>

Theme: Workforce

Outcome 18: Suitable staffing

The provider is failing to comply with a regulatory requirement in the following respect:	
<p>Sufficient evidence of mental and physical fitness had not been obtained for some staff working in the centre.</p> <p>The system in place to ensure the authenticity of some staff references was not sufficient.</p>	
Action required:	
<p>Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.</p>	
Action required:	
<p>Put in place recruitment procedures to ensure the authenticity of the staff references referred to in Schedule 2 of the Regulations.</p>	
Reference:	
<p>Health Act, 2007 Regulation 18: Recruitment Standards 22: Recruitment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>Schedule 2 10. states "Evidence that the person is physically and mentally fit for the purpose of the work that they are to perform at the designated centre or, where it is impractical for the person to obtain such evidence, a declaration signed by the person that they are so fit".</p> <p>It has been our practice to ask new staff to provide a GP certificate however it has also been our experience that some people cannot get a cert from their GP either because the GP refuses or because they have no GP. In either case we have always accepted a personal declaration once we are comfortable that there is no other obvious reason. We have no difficulty in asking current staff to continue to try to get a certificate of fitness to work but as this is beyond our control we cannot be ensure that same will always be provided. However following receipt of written clarification from HIQA on this matter we have amended our procedure as follows;</p> <p>All new staff will continue to be required to provide a certificate from their GP. Those whose GP's refuse on the grounds that they disagree with the purpose or value of the certificate will be required to declare this in a statement along with a self-declaration of fitness.</p> <p>All current staff who do not have a GP certificate on file will again be asked directly in a memo to provide same at the time of their next GP visit and should the GP refuse to provide same for the reasons above, the staff member will similarly be asked to document this in a statement along with a self-declaration of fitness</p> <p>We have a full HR policy and procedure and as part of the selection process the most recent employer reference is checked. Following this inspection we have found that this critical step has been omitted in some cases. We have commenced addressing this and our administration staff have been reminded of the requirement going forward.</p>	<p>dd Month yyyy</p> <p>To be applied from the 4th December 2013.</p> <p>Staff memo's to be posted out on the 30th December 2013.</p> <p>The review and associated work to be complete by 31st December 2013.</p>
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<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The roles and responsibilities of one volunteer had not been documented in a written agreement.</p>
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Action required:	
Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.	
Reference:	
Health Act, 2007 Regulation 34: Volunteers Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Where new volunteers come in to the home to provide services to our residents, we have added a "letter of offer" to their HR checklist which will detail their activities, roles and responsibilities while here. All current volunteers will have this letter sent to them and copied to their file.</p>	<p>To be complete by the 15th October 2013</p>