

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Harvey Nursing Home Terenure
Centre ID:	ORG-0000047
Centre address:	122-124 Terenure Road West, Terenure Road, Dublin 6w.
Telephone number:	01 490 7764
Email address:	bronagh@harveyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Willoway Nursing Home Limited
Provider Nominee:	Seamus Brady
Person in charge:	Bronagh Aiken
Lead inspector:	Angela Ring
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	48
Number of vacancies on the date of inspection:	0

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 his/her 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
- to carry out thematic inspections in respect of specific outcomes
- 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 15 October 2013 09:30 To: 15 October 2013 18:30

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

Overall, the inspector found that the provider met 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. There was evidence of ongoing and consistent improvements being made in all aspects of the operation of this centre by the committed management team in place. The governance structure of the centre had been recently strengthened with the recruitment of a Chief Operating Officer (COO) who provided support and guidance to the person in charge in developing a more robust system of quality assurance.

The inspector found that the health needs of residents were met to a good standard. Residents had access to general practitioner (GP) services, to a range of other health

services and the nursing care provided was of a good standard. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day.

The provider and person in charge promoted the safety of residents. A risk management process was in place for the centre. Robust fire procedures and an emergency plan were in place. Staff had received training and were knowledgeable about the prevention of elder abuse. The majority of the issues identified at the previous inspection in May 2013 were addressed.

A small number of actions were required from this inspection which are detailed in the report and included in the Action Plan at the end of the report. These include updating the directory of residents, updating the policy on behaviours that challenge and end-of-life care, reviewing the use of restraint and the procedures in place for ensuring that all staff were aware of the procedures to follow in the event of fire.

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.

Outcome 01: Statement of Purpose
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.

Theme:
Leadership, Governance and Management

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that the statement of purpose accurately described the service that was provided in the centre and met the requirements of Schedule 1 of the Regulations. The statement was kept under review and was made available to residents.

Outcome 02: Contract for the Provision of Services
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.

Theme:
Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector read a sample of completed contracts and saw that they met the requirements of the Regulations as they included details of the services to be provided and the fees to be charged.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge was a registered nurse with the required experience in the area of nursing older people and worked full-time. She demonstrated a good knowledge of the Regulations, the Authority's Standards and her statutory responsibilities. She was supported in her role by a clinical nurse manager (CNM). Together they provided a good standard of nursing care.

The inspector observed that the person in charge was well known to staff, residents and relatives. The person in charge had maintained her continuous professional development and was planning to commence a course on palliative care.

Outcome 04: Records and documentation to be kept at a designated centre

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).

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was adequate evidence to demonstrate that the centre's insurance cover ensured that the liability to any resident shall not exceed €1,000 for any one item except where the property was deposited by or on behalf of the resident expressly for safe custody with the registered provider.

The directory of residents did not include the name and address of any authority, organisation or other body that arranged the resident's admission to the centre.

The inspector reviewed a sample of staff files and found that they complied with the requirements in the Regulations. The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations.

Outcome 05: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider was aware of their responsibility to notify the Health Information and Quality Authority's (the Authority) Regulation Directorate of the absence of the person in charge. As stated above, the person in charge was supported in her role by the CNM who deputised in her absence.

Outcome 06: Safeguarding and Safety

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.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused. Staff had received training on identifying and responding to elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken with displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

The inspector reviewed the centre's procedures for storing residents' valuables and found that they were stored in a secure safe and records were maintained for each transaction. This had been addressed since the last inspection.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector was satisfied that the provider and person in charge had prioritised the safety of residents and had a robust system in place to manage risk.

There was a comprehensive health and safety statement for each area within the centre which was updated in October 2013 and it related to the health and safety of residents, staff and visitors. A newly revised risk management policy was being implemented and it met with the requirements of the Regulations. These included the risks associated with violence and aggression, assault, self-harm and accidental injuries to residents and staff

and residents going missing. This was addressed since the last inspection. A risk register was used within the centre which was kept regularly reviewed and updated. The inspector found that there was a system in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

There was a smoking policy and smoking risk assessments completed for residents that smoked to assess their safety.

The inspector visited the laundry which was in a shed at the rear of the garden. The inspector found that it was safe, clean and organised. This was addressed since the last inspection.

The inspector was satisfied that the majority of fire precautions were in place although some improvements were required. Fire procedures were prominently displayed throughout the centre. Service records showed that the emergency lighting and fire alarm system was serviced regularly and fire equipment was serviced annually. Regular fire drills were conducted including evacuation procedures. Wedges were no longer used to keep doors open and an emergency key was available at the front door and these issues were addressed since the last inspection. The inspector noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed.

The inspector read the training records which confirmed that although all staff had attended training within the last year, two staff spoken with did not demonstrate adequate knowledge of the fire procedures for the centre.

A comprehensive centre-specific emergency plan was in place and staff spoken to were aware of the emergency plan. This was addressed since the last inspection.

Staff had attended the mandatory training in moving and handling and good practice was observed.

The inspector found that there were measures in place to control and prevent infection. Further training was planned for staff in infection control and staff spoken with were knowledgeable. Policies on infection control had been reviewed since the last inspection and audits were carried out to ensure compliance with local policies. Staff had access to supplies of gloves and disposable aprons and they were observed using the alcohol hand gels which were available throughout the centre.

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector was satisfied that each resident was protected by the designated centre's policies and procedures for medication management.

A comprehensive policy was in place which guided practice. The inspector read completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked the balance of one medication and found it to be correct.

Staff nurses involved in the administration of medications had undertaken training updates in best practice. Regular audits were completed to identify areas for improvement and there was documentary evidence to support this.

Outcome 09: Notification of Incidents

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Practice in relation to notifications of incidents was satisfactory.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of the inspector, all relevant incidents had been notified to the Chief Inspector by the person in charge.

Outcome 10: Reviewing and improving the quality and safety of care

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

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The COO and person in charge had put a system in place to gather and audit information on clinical issues including information relating to falls, use of restraint, incidence of pressure ulcers, incidence of pain, residents with weight loss, residents in bed and infection control. This clinical data was at the initial stages of being used to identify possible trends for the purpose of improving the quality of service and safety of residents. There was an ongoing audit system in place with audit tools being completed on medication management, infection control and incidents.

Residents and their relatives were requested to complete satisfaction questionnaires on a regular basis to gain feedback on the service provided and to identify areas for improvement.

Outcome 11: Health and Social Care Needs

Each residents 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 residents 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.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector was satisfied residents' health care needs were met to a good standard and that residents had opportunities to participate in meaningful activities appropriate to their interests.

Residents had access to GP services and a full range of other services was available on referral including physiotherapy, dietetics, chiropody, old age psychiatry, dental and optical services. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were recorded in the residents' notes. This was addressed since the last inspection.

The inspector reviewed a sample of residents' files and noted that a nursing assessment and additional clinical risk assessments were carried out for residents. There was adequate evidence of resident and relative involvement in the development and review of the care plans. Daily notes were being recorded in line with professional guidelines and this was addressed since the last inspection.

The inspector read the care plans of residents who had fallen and saw that risk assessments were undertaken and an action plan was devised. Preventative measures undertaken included the use of bed and chair alarms and hip protectors. There was good supervision of residents in communal areas and good staff levels to ensure resident safety was maintained. There was an adequate policy in place on falls prevention to guide staff.

The inspector noted that although the use of restraint had reduced since the last inspection, ongoing improvements were required in the management of restraint. There was an evidence-based policy in place, risk assessments were completed, some alternatives were available and frequent checks were completed on residents using bedrails. However, the inspector found that there was inadequate evidence to demonstrate that restraint was used as a last resort. This had not been adequately addressed since the last inspection.

The inspector read care plans of some residents who had wounds and noted that there were adequate records of assessment and appropriate plans in place to manage the wounds. A policy was in place and was used to guide practice. In addition, the inspector saw where additional advice and support was provided from the tissue viability nurse (TVN) when required.

The inspector found that there were a small number of residents with behaviours that challenged. There were adequate records maintained of the triggers and alleviating factors to care for these residents. Staff were observed responding well to these residents using effective communication strategies and training had been provided to staff to assist them in meeting these residents' needs. There was a policy in place. However, the inspector found that it was not comprehensive enough to demonstrate that it was fully compliant with evidenced-based nursing practice.

The inspector found that residents' weights were recorded each month and the nursing staff monitored any changes such as significant weight loss. Nutritional risk assessments were used to identify residents at risk. Records showed that residents' food was being supplemented where necessary. There was documentary evidence of residents being reviewed by a dietician when necessary.

Residents were seen partaking in some activities during the inspection. An activity coordinator was employed to provide opportunities for meaningful engagement to all

residents. Records were maintained on residents' interests and participation in activities each day. A programme of events was displayed and included religious ceremonies, Sonas (a therapeutic programme specifically for residents with dementia), music sessions, movies, quizzes, reminiscence and many more. Residents and relatives reported that there was adequate opportunities for meaningful activities throughout the day and efforts were made to provide individual activities for residents who wished to spend time in their bedroom.

Outcome 12: Safe and Suitable Premises

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.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Harvey Nursing Home is a two-storey building with a bedroom on the return of the stairs. Each bedroom was accessible by a lift with the exception of the bedroom on the return of the stairs. The inspector found that this bedroom was described in the centre's statement of purpose and a fully mobile resident who was appropriately risk assessed resided in this bedroom. The provider and person in charge assured the inspector that all future potential residents would be appropriately risk assessed for their suitability to reside in this bedroom and this was addressed in the centre's safety statement.

The centre was clean, comfortable, welcoming and well maintained both internally and externally. There were an adequate number of additional assisted bathrooms, toilets, sitting rooms, kitchen, dining rooms, sluice rooms, staff facilities and treatment room.

There was one three-bedded room and the inspector found that there was adequate space, screening, lighting and storage in this room. The inspector did not see any negative outcomes for residents in this room. However, the provider was aware of the requirements in the Authority's Standards for 2015.

There were handrails and safe floor covering throughout the centre. Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. The inspector viewed the servicing and maintenance records for equipment such as hoists and the lift and found they were up-to-date.

Outcome 13: Complaints procedures

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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Complaints were well managed. The complaint's policy was in place and the inspector noted that it met the requirements of the Regulations and this was addressed since the last inspection. The complaints procedure was on display throughout the centre. Residents who spoke with the inspector knew the procedure if they wished to make a complaint. A complaints log was maintained and the inspector found that it contained details of the complaints, the outcome of the complaint and the complainant's level of satisfaction with the outcome.

Outcome 14: End of Life Care

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.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there were adequate arrangements in place for caring for a resident at end-of-life. There was a policy on end of life care but it was not comprehensive enough to demonstrate that it was developed in line with evidenced based nursing practice.

The person in charge informed the inspector that links were made with the local palliative care team who provided support as required.

Outcome 15: Food and Nutrition

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 discrete and sensitive manner.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector spent some time in the main dining room during lunch and found that the dining experience was pleasant and relaxed. The inspector noted that meals were well presented and menus were displayed. Residents all expressed satisfaction with their meals. Staff were seen assisting residents discreetly and respectfully if required. Meals were served by staff from the kitchen on covered plates. The inspector was satisfied that residents received a nutritious and varied diet that offered choice. Residents who needed their food served in an altered consistency such as chopped had the same choice of menu options as others. This was addressed since the last inspection. The inspector saw residents being offered a variety of drinks throughout the day.

Staff were aware of the special dietary requirements of individual residents and maintained information on residents' dietary needs and preferences. This was communicated to the catering staff and was addressed since the last inspection.

Weight records were examined which showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a monthly basis. Records also showed that some residents had been referred for and received a dietetic review. The treatment plan for the residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that staff treated residents with privacy and dignity.

Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter and this was confirmed by residents. The inspector observed staff interacting with residents in a friendly and courteous manner.

Residents' civil and religious rights were respected. The person in charge stated that although voting had been facilitated in previous referendums and elections, residents had not been offered the opportunity to vote in the recent referendum. She agreed to address this with the relevant authorities to ensure that residents could exercise their right to vote in the future. Mass took place every two weeks and there was access to Church of Ireland services if required.

A residents' advocacy committee had been established which last met in June 2013. The person in charge explained that she reviewed the minutes of these meetings and acted upon any requests. The activity coordinator explained that he met with residents individually and acted as an advocate for them. This was confirmed by speaking with residents.

Outcome 17: Residents clothing and personal property and possessions

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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents' clothes were laundered in the centre. Residents and relatives reported a high level of satisfaction with the service.

Residents had access to a locked space in their bedroom if they wished to store their belongings. There was a policy in place of residents' property in line with the Regulations.

Outcome 18: Suitable Staffing

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.

Theme:

Workforce

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector observed staff interacting well with residents and they had a good knowledge of residents' needs. All expressed satisfaction with working in the centre and felt supported by the person in charge and provider. The inspector found that the current staffing levels, qualifications and skill mix appeared to be appropriate for the assessed needs of residents. Relatives and staff agreed that there were adequate levels of staff on duty. The inspector found that there were procedures in place for the supervision of residents in communal areas.

There was a recruitment policy in place and the inspector was satisfied that staff recruitment was in line with the Regulations. A sample of staff files were examined and the inspector noted that all relevant documents were present.

A small number of volunteers attended the centre. The inspector found that they had been vetted appropriate to their role and had their roles and responsibilities set out in a written agreement as required by the Regulations.

Staff told the inspector they had received a range of training and there was documentary evidence to support this. Training was provided to staff on caring for the person with dementia, infection control, food safety, cardio pulmonary resuscitation and medication management.

The inspector reviewed a sample of files and found that nursing staff had up-to-date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2013.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

Angela Ring
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Harvey Nursing Home Terenure
Centre ID:	ORG-0000047
Date of inspection:	15/10/2013
Date of response:	27/11/2013

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

Outcome 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The directory of residents did not include the name and address of any authority, organisation or other body that arranged the resident's admission to the centre.

Action Required:

Under Regulation 23 (2) you are required to: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

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

The directory of residents has been updated to include the omission stated above

Proposed Timescale: 11/12/2013

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

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

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

Two members of staff were not fully aware of the procedures to follow in the event of fire.

Action Required:

Under Regulation 32 (1) (d) you are required to: Provide suitable training for staff in fire prevention.

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

As stated in the report we have provided the requisite fire training for all staff and performed regular fire drills. The staff members referred to in the report have attended fire training but stated that they were nervous on the day of the inspection. They have been reminded again of the procedures to follow in the case of an emergency and have been tested subsequently to ensure that they have a full understanding.

Proposed Timescale: 11/12/2013

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

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

The use of restraint was not in line with evidenced-based nursing practice.

The policy on meeting the needs of residents with behaviours that challenge was not in line with evidenced-based nursing practice.

Action Required:

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

Additional training took place in November on restraint /enablement, which is evidence based. This training will be further enhanced by the intention rounding forms completed by care staff, which includes monitoring of bedrails, if present.

As we understand the Inspector wants the policy covering violence and aggression to be separated from the policy on Behaviours that challenge and this will be completed by February 2014. The existing policy on behaviours that challenge is based on evidence based practice and augmented by our recently updated Safety Statement which was completed by our Health and Safety Consultants.

Proposed Timescale: 28/02/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

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

The three-bedded room will not be in compliance with the Authority's Standards by 2015.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

We are in compliance with the current regulation, which makes provision for multi occupancy rooms until June 2015. The Authority has also sent a recent communique informing providers of the interpretation of the regulations in respect of the outcome for residents, which also is supported in the inspector's findings. The accommodation of this room will be review before June 2015.

Proposed Timescale: 11/12/2013

Outcome 14: End of Life Care

Theme: Person-centred care and support

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

The policy on end-of-life care was not comprehensive enough to demonstrate that it was in line with evidenced-based nursing practice.

Action Required:

Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

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

The end of life care policy has been revised and is currently being reviewed by staff.

Proposed Timescale: 31/12/2013