

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Swords Nursing Home
<b>Centre ID:</b>	0181
<b>Centre address:</b>	Mount Ambrose
	Swords
	County Dublin
<b>Telephone number:</b>	01-8900089
<b>Email address:</b>	<a href="mailto:managerswords@mowlamhealthcare.com">managerswords@mowlamhealthcare.com</a>
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Mowlam Healthcare Ltd
<b>Person authorised to act on behalf of the provider:</b>	Pat Shanahan
<b>Person in charge:</b>	Susan Rowena Massey
<b>Date of inspection:</b>	24 April 2013
<b>Time inspection took place:</b>	<b>Start:</b> 10:40 hrs <b>Completion:</b> 15:50 hrs
<b>Lead inspector:</b>	Sonia McCague
<b>Support inspector(s):</b>	Sheila McKevitt
<b>Type of inspection</b>	<input type="checkbox"/> <b>announced</b> <input checked="" type="checkbox"/> <b>unannounced</b>
<b>Number of residents on the date of inspection:</b>	57
<b>Number of vacancies on the date of inspection:</b>	3

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

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

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

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

On the day of inspection inspectors were satisfied that residents nursing and healthcare needs were being met. Inspectors observed sufficient staffing and skill mix on duty during the inspection and staff rotas confirmed these staffing levels to be the standard.

The person in charge and staff team demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

The centre was clean, warm and comfortable. The communal areas were appropriately furnished and the décor was pleasant.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Overall, the designated centre was found to be in substantial compliance within the ten outcomes inspected against as 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*.

**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:**

No actions were required from the previous inspection.

**Inspection findings**

The statement of purpose was reviewed and updated as required, and consists of matters listed in Schedule 1 of the Regulations.

**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**

Susan Rowena Massey is the person in charge and has responsibility for the day-to-day management of the centre. She is a registered psychiatric nurse and has experience of caring for dependent persons and managing services a designated centre. She has worked in this centre on a full-time basis since April 2010.

In the absence of the person in charge, a key senior manager is available to deputise. The person in charge reports to the operations manager, who was in the centre and available during this inspection. Two clinical nurse manager's were also on duty and overall the person in charge and her team demonstrated good clinical knowledge and were very well-informed regarding residents nursing and social care needs.

Management demonstrated a willingness to facilitate continuous professional development and provided support for the team working in the centre. They also demonstrated awareness of their responsibilities in respect of the implementation of the Regulations and Standards.

Both the person in charge and operations manager were knowledgeable regarding the Regulations, the Authority's Standards and statutory responsibilities.

**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 inspectors found that measures were in place to protect residents from being harmed or abused.

Inspectors reviewed the policies on protection of residents from abuse, responding to allegations of abuse, management of whistle-blowing and protection of resident's personal property. Staff spoken to confirmed that they had received training in relation to the prevention and detection of elder abuse and were knowledgeable regarding their responsibilities in this area. Inspectors found that staff were able to explain what their responsibilities were if they suspected abuse and they were aware of the policies on protection of residents. Training records reviewed indicated that all staff had training to reduce the risk of harm or abuse to residents while promoting independence and activity.

The person in charge had investigated and responded to allegations of abuse appropriately, which demonstrated good practice, awareness of staff and response by the person in charge aimed at preventing harm to residents.

**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

**Actions required from previous inspection:**

Undertake a risk assessment on the sewage treatment system area and put in place any precautions to control the specified risks identified in the risk assessment.

Review and remove out of use equipment and additional unused stores held at the premises in a timely manner.

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

### **Inspection findings**

The actions required from the previous inspection were satisfactorily implemented.

A risk assessment was completed regarding the accessibility to the newly installed sewage treatment plant.

Temporary fencing was installed in the areas around the newly installed sewage system to prevent access to the area until arrangements are in place to install a suitable permanent solution.

All equipment no longer in use and all unused stores have been removed from the premises for disposal.

A new padlock was provided for the maintenance shed to limit access.

Arrangements were in place for maintenance, reporting, discussion and consideration of potential hazards and risks. Records were available to confirm the servicing of fire safety equipment and alarm system.

Policies and procedures relating to the health and safety, risk management and fire safety were in place. Staff spoken to confirmed that they had received training in relation to fire safety, infection control and manual handling and were knowledgeable regarding their responsibilities in this area.

Mandatory and relevant training for staff was provided and ongoing. Induction of newly appointed staff included reference to health and safety policies and clinical procedures, fire safety including training and familiarisation with the care environment. Safety instructions and emergency procedures were in place. Supervision of staff was provided and training was planned on an ongoing basis to guide and support them.

### **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:**

Review the arrangements in place to ensure the safe custody and documentation of controlled medication is in place, and policy is adhered to.

Review policy and procedure in place for transcribing medication, and ensure that practice is in line with legislative requirements.

**Inspection findings**

The actions required from the previous inspection were satisfactorily implemented.

Medication management policies were in place to reflect the care/practice provided. Records were maintained in line with professional and legislative requirements.

Inspectors reviewed the medication management policy which was found to be comprehensive, and gave detailed, clear guidance on areas such as administration, prescribing, storage, disposal, crushing, "as required" (PRN) medications, medications requiring strict controls and medication errors.

An inspector spoke with nurses on duty regarding medication management issues who demonstrated their competence and knowledge when outlining procedures and practices on medication management.

An inspector reviewed a sample of medication prescribing/administration sheets. All medications were regularly reviewed by the general practitioners (GP). The issue in relation to transcribed medications not being signed by nurse/s highlighted at the last inspection had been attended to.

Controlled medications were appropriately stored and managed in accordance with professional guidelines and regulatory requirements. Controlled medications were stored in a double locked cupboard in the locked clinical room. Records indicated that they were counted and signed by two nurses at change of each shift in accordance with the centre's medication policy. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded appropriately.

**Outcome 9**

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

**References:**

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records



**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Incidents occurring in the designated centre had been notified to the Chief Inspector as required. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

**Theme: Effective care and support**

*The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.*

**Outcome 11**

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

**References:**

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

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

## Inspection findings

Inspectors found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services.

All residents had access to GP services and an out-of-hours GP service was available. A sample of residents files reviewed indicated that GPs reviewed residents on a regular basis.

A full range of other services was available on referral including speech and language therapy (SALT), physiotherapy, occupational therapy (OT) and dietetic services. Chiropody and optical services were also provided. Arrangements in accessing tissue viability/wound specialists was under review.

Comprehensive nursing assessments were completed on admission and further assessments were carried out accordingly and as required to inform the care planning process.

In the sample of resident records reviewed, inspectors were satisfied that assessments and care plans were evaluated within a three month basis or more frequent with changing needs, with involvement of the resident or relative.

Records to confirm resident offer, uptake or refusal of the flu vaccine were maintained.

Audits of clinical practice and outcomes of interventions was maintained by the person in charge to inform quality improvements.

### **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:**

Review the provision of piped hot water, which incorporates thermostatic control valves or other suitable anti-scalding protection to wash-hand basins used by residents and staff to 43 degrees or under.

Review and repair hand-washing sink in the hairdressing room.

Review the arrangements in place to store equipment and materials used in the refurbishment, and return the assisted bathroom to full use.

Provide adequate suitable ventilation to external air in the sluice room.

Provide heating suitable for residents in all parts of the designated centre which are used by residents.

Provide and maintain external grounds which are suitable for and safe for use by residents.

### **Inspection findings**

The actions required from the previous inspection were satisfactorily implemented and further improvements were identified and ongoing.

Further reviews were being considered regarding ventilation in rooms occupied by staff, the storage arrangements in place for wheel chair equipment and laundry deliveries.

Plans to refurbish the centre were ongoing to include replacing worn and/or uneven floor covering, painting of bedroom walls and corridors, and replacing/refurbishing furniture including vanity units and wardrobes.

Overall, inspectors found the premises to be safe, warm, clean and comfortable. The communal areas were appropriately furnished and the décor was pleasant.

### **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 complaints procedure was displayed in prominent places and in the reception area. Residents and relatives who spoke with inspectors knew who to raise concerns with and were satisfied with arrangements of communication and engagement with staff and the person in charge.

Records of complaints detailing the investigation and outcome were maintained. The complaints log was reviewed and found to include details of complaints, action taken, details of whether the complainant was satisfied or not with the outcome and lessons learnt were documented. All complaints to date had been acted upon and were closed.

### **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

Inspectors were satisfied with the appropriate services and suitable arrangements were available to residents for the end of life.

There was a comprehensive policy on end of life care and the person in charge explained that they accessed the services of the local palliative care team who provided support and advice when required.

Spiritual needs for all residents of various faiths was facilitated. Experiences and examples of same were described by the person in charge.

### **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**

Inspectors were satisfied with the staffing levels and skill mix available during this unannounced inspection and found access to appropriate training was provided.

Inspectors found that staff had good interaction with residents and were familiar with their personal choices and how they wished to spend their day. Inspectors observed that exchanges between staff and residents were positive, with staff taking time to acknowledge and greet residents when entering communal and bedroom areas. The staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

Staffing levels during this unannounced inspection was satisfactory and inspectors were satisfied with the availability of staff to residents and staff rotas confirmed these staffing levels to be the standard.

A comprehensive recruitment policy and employee induction was in place. The person in charge had recruited a new staff nurse and carer recently and their files were reviewed. Inspectors found them to be in substantial compliance. However, Garda Síochána vetting was outstanding on some files. The person in charge informed inspectors that persons recently employed and awaiting Garda Síochána vetting were supervised delivering direct care to residents which was evident on the day.

A staff member from the company's human resources department was in the centre on the day of the inspection meeting staff. A system of performance appraisal for staff was in place and recorded.

The person in charge held a copy of nurse's professional registration status. Inspectors found that all nurses listed on the roster and working in the centre had current registration status with their professional body (The Nursing and Midwifery Board of Ireland, formerly An Bord Altranais) for 2013.

A training programme for staff was in place and ongoing to include mandatory and relevant training.

### **Closing the visit**

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

### **Acknowledgements**

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

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

Sonia McCague  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

7 May 2013