

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Ard na Rí Nursing Home |
| Centre ID: | 0405 |
| Centre address: | Holycross |
| | Bruff |
| | Co. Limerick |
| Telephone number: | 061-382286 |
| Email address: | 061-389946 |
| Type of centre: | derektoperson@eircom.net |
| Registered provider: | <input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public |
| Person authorised to act on behalf of the provider: | Daveen Heyworth |
| Person in charge: | Daveen Heyworth |
| Date of inspection: | 7 November 2012 and 8 November 2012 |
| Time inspection took place: | Day 1-Start: 08:00hrs Completion: 17:30hrs Day 2-Start: 08:00hrs Completion: 14:00hrs |
| Lead inspector: | Vincent Kearns |
| Support inspector: | n/a |
| Purpose of this inspection visit: | <input type="checkbox"/> to inform a registration/renewal decision <input checked="" type="checkbox"/> to monitor ongoing regulatory compliance <input type="checkbox"/> following an application to vary conditions <input type="checkbox"/> following a notification <input type="checkbox"/> following information received |
| Type of inspection | <input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced |

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

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

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| Outcome 1: Statement of Purpose | <input checked="" type="checkbox"/> |
| Outcome 2: Contract for the Provision of Services | <input 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 type="checkbox"/> |
| Outcome 5: Absence of the person in charge | <input 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 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 type="checkbox"/> |
| Outcome 15: Food and Nutrition | <input type="checkbox"/> |
| Outcome 16: Residents' Rights, Dignity and Consultation | <input type="checkbox"/> |
| Outcome 17: Residents' clothing and personal property and possessions | <input type="checkbox"/> |
| Outcome 18: Suitable Staffing | <input checked="" type="checkbox"/> |

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

A number of improvements were required to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

The following is a summary of these required improvements:

- the statement of purpose required updating
- a number of designated fire doors were wedged open
- access to the enclosed garden required to be risk assessed
- the care plans were not adequate
- toilets required suitable locking mechanisms and appropriate signage
- policy and practices in relation to restraint were not adequate
- some rooms did not have a call system with accessible alarm facility
- infection control practices were not adequate
- a number of areas containing hazardous cleaning fluids were unsecured
- the management of hazards associated with smoking was not adequate
- the risk management policy was not adequate
- the storage of personal protective equipment required risk assessing
- the policy in relation to the transcribing and crushing of medications was not adequate
- there was unsuitable storage of a sharps box
- the balance of stock levels of controlled drugs were not adequately recorded
- the pull cords for a roller blind was not suitably secured
- there was no policy or signage available in relation to the use of CCTV
- the sluice room was not adequate.

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

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

Theme: Governance, Leadership and Management

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

Outcome 1

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

References:

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

Outstanding actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

A written statement of purpose was available and the inspector noted that the statement of purpose met most of the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). However, the statement of purpose required to be updated to include the following:

- adequate detail in regarding the current professional registration, relevant qualifications and experience of the registered provider and any person in charge
- the registration number, date of registration and the expiry date
- any conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007
- adequate detail in relation to the range of needs that the designated centre is intended to meet
- adequate detail in relation to the type of nursing care to be provided
- adequate detail in relation to any criteria used for admission to the designated centre, including the designated centre's policy and procedures (if any) for emergency admissions
- adequate detail in relation to the arrangements made for residents to attend religious services of their choice.

Outcome 3

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

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Outstanding actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was a full-time person in charge (PIC) who was also the provider and she informed the inspector that she had been in post since 2004. The PIC was a registered nurse with the required experience and clinical knowledge in the area of nursing older people. The PIC informed the inspector that even though she may be off duty nevertheless, she was always available to provide any support or assistance that may be required.

Throughout the two days of inspection the PIC demonstrated an adequate knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Since the last inspection the inspector was informed that an assistant director of nursing (ADON) had been appointed. The ADON had adequate experience in care of the older person and also demonstrated a sufficient knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. In the absence of the PIC the ADON or a staff nurse acts in her place.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Outstanding actions required from previous inspection:

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

Inspection findings

The inspector viewed a centre-specific policy and procedure for the prevention, detection and response to abuse and noted that this policy was dated and signed by the provider in June 2011. The inspector noted that elder abuse training had been most recently provided for staff in June 2012. Staff with whom the inspector spoke with were able to confirm their understanding of the features of elder abuse and their reporting obligations.

The provider worked in the centre as the PIC and was involved in the day-to-day care provision for residents. The provider informed the inspector that she monitored

safe-guarding practices in the centre by regularly speaking to residents and relatives, and by reviewing the systems in place to ensure safe and respectful care. Within the centre there was a homely atmosphere with residents and staff interacting with each other in a mutually respectful and friendly way. Residents to whom the inspector spoke with confirmed that they felt safe and spoke positively about their care and the consideration they received.

The centre had an open visiting policy and over the course of the two days of inspection, the inspector noted that visitors called casually at a time convenient to them. During the second day of inspection the inspector observed the provider being readily available to speak with resident's representatives and dealing with a number of sensitive queries in an appropriate and congenial way.

Outcome 7

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

References:

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

Outstanding actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The provider informed the inspector that since the last inspection the stair lift had been replaced and that mobile residents only were accommodated on the first floor. The environment was kept generally clean and adequately maintained, with flooring and lighting in adequate condition and there was a working call-bell system with accessible alarm. However, the inspector noted that there was no call system facility in the sitting room or any of the bathrooms.

There were measures in place to control and prevent infection, including some arrangements in place for the segregation and disposal of waste, including clinical waste, and most staff spoken with had received infection control training. However, not all staff responsible for cleaning could outline effective infection control measures to the inspector. The provider agreed to review such practices. The inspector noted that the cleaning equipment provided in the centre was suitably stored to prevent cross-infection. There was a sluice room that contained hazardous materials, including cleaning chemicals. However, the inspector noted access to the sluice room was unsecured, therefore posing a potential hazard to any resident with a cognitive impairment. In addition, the storage cupboard in the corridor near the sluice room that also contained hazardous cleaning liquids was also unsecured.

The inspector viewed the fire register and noted that fire safety and evacuation training was provided regularly. The inspector also reviewed records of maintenance and safety practices which confirmed that fire equipment and fire prevention checks were up to date, and staff had attended fire safety training with the most recent evacuation fire drill recorded in June 2012. Staff spoken with confirmed that they had received appropriate training and were able to outline to the inspector their knowledge of fire procedures and participation in fire drills. Firefighting equipment and maintenance records were found to be up to date; safety practices and checks were recorded. However, there were door wedges used in a number of designated fire doors including the door into the kitchen area. In addition access to the kitchen needed to be risk assessed in the context of presenting a hazard to residents with a cognitive impairment.

The inspector was informed that two residents smoked cigarettes and there was a designated smoking room. The smoking room was located to the front of the centre in a conservatory type room. The provider stated that residents who smoked were continuously observed while smoking. However, the management of hazards associated with smoking was not adequate for the following reasons:

- continuous observation was not reflected in the risk management policy
- the risk management policy did not adequately detail arrangements for suitably risk assessing each resident who smoked cigarettes
- there was no mechanical ventilation in the designated smoking room
- the windows in the designated smokers room was unrestricted.

On the first day of inspection the inspector was informed by the provider that one resident smoked in his bedroom. Nevertheless, following consultation between the provider and this resident, the resident agreed to only smoke in the designated smoking room. The provider also informed the inspector that she would ensure that this was the continued practice and that the policy of no smoking outside of the designated smoking room would be strictly adhered to. During the course of the remaining time of inspection, the inspector noted that this resident did comply with requirement not to smoke outside the designated smoking room.

The risk management policy and a safety statement had been signed and dated by the provider in September 2011. The risk register identified slips, trips, falls and manual handling risks with appropriate and detailed measures/action plans aimed to reduce such hazards. However, the risk management policy did not adequately cover the precautions to be in place to control the following specified risks:

- the unexplained absence of a resident
- assault
- accidental injury to residents or staff
- aggression and violence
- and self-harm.

In addition, the risk management policy did not adequately cover the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

There were supplies of latex gloves and disposable plastic aprons located in a number of areas throughout the centre and the inspector observed staff using alcohol hand gels. However, the storage of such personal protective equipment had not been adequately risk assessed in the context of presenting a potential hazard to any resident with a cognitive impairment.

Outcome 8

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

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines

Standard 14: Medication Management

Outstanding actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

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

All residents' records reviewed had photographic identification in place. There was a medication fridge and the inspector noted that the medication fridge maintained medication at the appropriate temperature. Written records were available in relation to the regular monitoring of the medication fridge temperature. The provider informed the inspector that the transcribing of medication was occasionally required however, there was no suitable policy available in relation to the transcribing of medications.

The inspector noted that the centre-specific medication policy had been reviewed in April 2012. This policy detailed the procedures for ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. However, the policy was not adequate in relation to the management of crushing of medications as the policy did not require the involvement of the general practitioner (GP) to prescribe such an administrative order.

The nurse's station was a small narrow room located near the residents' sitting room and the dining area and there was open access to this room as it did not contain a door. However, there was a sharps box (box used for the storage of used syringes and needles) located on the floor of the nurse's office and in the context of open access to this room, presented a potential hazard to any resident with a cognitive impairment.

Controlled drugs were stored safely in a locked box within a locked cupboard however, the balance of stock levels of controlled drugs were not adequately recorded at the end of each shift in a register in keeping with best practice. In addition, the inspector noted that other items such as envelopes containing sums of money were unsuitably stored in the controlled drugs cupboard.

Theme: Effective care and support

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

Outcome 10

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

References:

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

Outstanding actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was a weekly schedule of activities available from Monday to Saturday, which was facilitated by staff in the centre. The inspector noted that these activities occurred mainly in the residents' day room.

The provider informed the inspector that since the last inspection she had commenced a system for reviewing the quality and safety of care and the quality of life of residents in the centre. The provider outlined a quality assurance process that was also evidenced by comments from residents, documentation reviewed, and from practices observed. There was centre-specific policies in relation to resident communication, facilitating residents choices and resident feedback. There was weekly residents meetings held to discuss any issues for residents, a residents' forum and the inspector viewed copies of completed residents and visitors comment cards.

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

- human resources audit
- general management audit
- documentation audit

- hygiene and infection control audit
- social care needs audit.

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

Outstanding actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

From the sample of care plans reviewed and from speaking with residents and the provider, the inspector noted that residents had access to regular general practitioner (GP) services and allied healthcare services including physiotherapy, occupational therapy, opticians, and chiropody services.

There was a policy on the prevention and management of pressure sores that was centre-specific and had been reviewed in June 2011. The inspector spoke to one resident who had a wound dressing and this resident stated that she very happy with the care and attention she had received. She also stated that her wound was steadily improving as a result of this care. This resident stated that she had just returned from seeing her doctor who also confirmed that the care she was receiving in relation to this wound was very good. The inspector noted that this resident's care plan included a suitable wound management plan that had been reviewed and updated as required.

The inspector reviewed further care plans which were centre-specific and were reviewed at three-monthly intervals. There was evidence of assessment tools being used and the ongoing monitoring of falls and, where appropriate, fluid intake. In addition, there were some risk assessments in relation to the use of restraint and nutritional and dehydration risk assessments had also been conducted for some residents. However, the inspector noted that there were a number of care plans that were not adequately completed and were missing important observations, assessments and details, including the following:

- one resident who had weight loss identified on admission to the centre however, this resident did not have their weight recorded on admission. This residents' care plan did not identify eating and drinking issues in the problem identification section of the care plan. In addition, a MUST (Malnutrition Universal Screening Tool) assessment had initially been completed on admission, however, this assessment was not updated/reviewed as required even though the resident continued to lose weight
- another resident who had mobility deficits and a leg ulcer requiring wound management however, this residents' care plan did not identify any mobilising issues in the problem identification of the care plan
- in a number of the care plans reviewed there were 'AM', 'PM' and 'Nocte' used instead of the time of entry
- a number of care plans did not have a record of the residents property and possessions
- on the front page of one care plan the section for medical information had not been completed.

In relation to restraint practices, there was a centre-specific restraint policy signed and dated by the provider in May 2011. This policy stated that the centre aimed for a restraint-free environment and included a direction to consider all other options prior to using restraint. The provider informed the inspector that the only form of restraint used in the centre was bedrails, as she had removed all other forms of restraint. The inspector observed that bedrails were in use and that their use followed an appropriate assessment. However, the policy on the use of restraint was not adequate as it did not suitably detail the ongoing monitoring and observation of a resident while a bedrail was in place and such observations were not related to the needs of residents as identified in their care plans.

The provider informed the inspector that two residents smoked in the centre one of which had been smoking in his bedroom and this issue has been dealt with under Outcome 7. In addition, however, the inspector noted that care planning in relation to smoking cigarettes was inadequate for the following reasons:

- there was inadequate reference to smoking in the residents' problem identification section of the resident's care plans
- there were inadequate risk assessment in relation to smoking hazards in resident's care plans
- there were inadequate control measures in relation to the management of cigarette lighters or matches in resident's care plans

- the care plans did not adequately detail the level of observation and supervision require in relation to residents smoking cigarettes.

Outcome 12

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

References:

Regulation 19: Premises

Standard 25: Physical Environment

Outstanding actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The centre was established in 1985 and the standard of décor and layout of the centre reflected this period and was generally adequate. The inspector noted that efforts had been taken in creating an atmosphere of homeliness with use of fittings and furnishings and there were assisted chairs available. There were separate communal and dining areas, which allowed for a separation of functions. There were a number of communal toilets near the sitting room and dining area. However, the inspector noted that there were no signs on the doors of these toilets to inform residents as to their function. In addition there were no locks on the doors therefore potentially compromising residents' privacy and dignity.

The provider informed the inspector of her intentions regarding the ongoing upgrading of rooms and during the inspection the inspector noted that one bedroom was in the process of being painted. The inspector noted that a number of residents' bedrooms had been personalised with residents' memorabilia, pictures and furnishings. Screening was provided in rooms with more than one occupant to ensure privacy for personal care. However, the inspector noted that pull cords for the roller blind were unsecured and potentially presented a choking hazard to residents with a cognitive impairment.

There was an enclosed outside area provided for residents use to the side of the premises that contained a lawn area, a small glass house and also some planting of shrubs. The inspector noted that were railings provided that also formed part of the enclosure for this area. However, access for residents to this area had not been risk assessed in the context that it was located near a busy road, the suitability of the railings, the glass house and unsecured entrance gate to this area.

There was close circuit television (CCTV) provided in the upstairs corridor area and the provider informed the inspector that it was used to enhance the observation of this area, especially at night. However, the inspector noted that there was no policy

available in relation to the use of CCTV and there were no signs informing residents or visitors of the use of CCTV in the premises.

There was a sluice room which was easily accessible from all areas of the building however, it was not adequate for the following reasons:

- there were no ventilation to the external air
- there were inadequate storage racks for bedpans/urinals
- the sluice sink was not suitable.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Outstanding actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector noted that there was a centre-specific complaints policy which had been reviewed in May 2011. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. A copy of the complaints procedure was also provided in the statement of purpose and the Residents' Guide. Residents to whom the inspector spoke with confirmed that any complaints they might have were dealt satisfactorily. The inspector reviewed the complaints log and noted that there were six complaints recorded as having been made since July 2011. The provider confirmed that she dealt with any complaints as soon as possible and felt that resident's were happy with the service they received.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Outstanding actions required from previous inspection:

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

Inspection findings

There was a centre specific policy on recruitment and selection of staff and on staff induction. In relation to staff references, the provider informed the inspector that she always sought telephone verification from previous employers. From the selection of staff files reviewed the inspector noted that staff appraisals were provided on an ongoing basis. The inspector also noted that there were full and satisfactory information and documents as specified in Schedule 2 had been obtained in respect of each person.

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

Closing the visit

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

Acknowledgements

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

Report compiled by:

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

22 November 2012

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report *

| | |
|----------------------------|-------------------------------------|
| Centre Name: | Ard na Rí Nursing Home |
| Centre ID: | 0405 |
| Date of inspection: | 8 November 2012 and 9 November 2012 |
| Date of response: | 4 December 2012 |

Requirements

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

Theme: Governance, Leadership and Management

Outcome 1: Statement of purpose and quality management

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

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

Action required:

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

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

| | |
|---|-------------------|
| Reference: Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function | |
| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| Provider's response: The statement of purpose and function is being reviewed and will contain all matters listed in Schedule 1 of the Health Act 2007. | 31 January 2013 |

Theme: Safe care and support

Outcome 7: Health and safety and risk management

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

To take all reasonable measures to prevent accidents to any person in the designated centre by ensuring the following:

- that call-bell facilities are available in all rooms used by residents
- by risk assessing the storage of personal protective equipment including latex gloves and plastic aprons
- by suitably restricting windows in the centre
- by providing suitable ventilation in the designated smoking room.

Action required:

Take all reasonable measures to prevent accidents to any person in the designated centre by risk assessing the storage of personal protective equipment including latex gloves and plastic aprons.

Action required:

Take all reasonable measures to prevent accidents to any person in the designated centre by ensuring there is a call bell facility in all rooms used by residents.

Action required:

Take all reasonable measures to prevent accidents to any person in the designated centre by suitably restricting the windows.

Action required:

Take all reasonable measures to prevent accidents to any person in the designated centre by providing suitable ventilation in the designated smoking room.

| | |
|---|-------------------|
| Reference: Health Act, 2007 Regulation 19: Premises Regulation 31: Risk Management Procedures Standard 25: Physical Environment Standard 26: Health and Safety | |
| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| <p>Provider's response:</p> <p>A risk assessment will be carried out of personal protective equipment to take all reasonable measures to prevent accidents to any person in the centre.</p> <p>A call-bell facility will be installed in all rooms used by residents.</p> <p>All windows are restricted with the exception of the conservatory window this window will now also be restricted.</p> <p>Suitable ventilation will be provided in the designated smoking room.</p> | 28 February 2013 |

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| <p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>To take all reasonable measures to prevent accidents to any person in the designated centre by ensuring the following:</p> <ul style="list-style-type: none"> ▪ access to the kitchen is secured ▪ access to the sluice room is secured ▪ securing the storage cupboard that contained hazardous materials ▪ by securing the pull cords for window blinds. |
| <p>Action required:</p> <p>Take all reasonable measures to prevent accidents to any person in the designated centre by ensuring restricted access to the kitchen.</p> |
| <p>Action required:</p> <p>Take all reasonable measures to prevent accidents to any person in the designated centre by restricted access to the sluice room.</p> |

Action required:

Take all reasonable measures to prevent accidents to any person in the designated centre by ensuring the storage cupboard containing hazardous materials is suitably secured.

Action required:

Take all reasonable measures to prevent accidents to any person in the designated centre by securing the pull cords for window blinds.

Reference:

Health Act, 2007
 Regulation 19: Premises
 Regulation 31: Risk Management Procedures
 Standard 25: Physical Environment
 Standard 26: Health and Safety

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

Provider's response:

Access to the kitchen will be restricted.

Access to the sluice room will be restricted.

The storage cupboard containing hazardous materials will be suitably secured.

Pull cords on window blinds will be suitably secured.

30 January 2013

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

To ensure that all staff members are made aware of the provisions of the Act and all regulations and rules made there under commensurate with their role and any policies and procedures including the infection control policy and cleaning procedures.

Action required:

Make suitable arrangements to ensure that all staff members are made aware of the provisions of the Act and all regulations and rules made there under commensurate with their role and any policies and procedures including the infection control policy and cleaning procedures.

Reference:

Health Act, 2007
 Regulation 17: Training and Staff Development
 Regulation 19: Premises
 Regulation 31: Risk Management Procedures
 Standard 24: Training and Supervision
 Standard 25: Physical Environment
 Standard 26: Health and Safety

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

Timescale:

Provider's response:

A centre specific infection control day will be held in the centre informing staff of their role in the prevention of infection all policies and procedures including infection control and cleaning procedures will be reviewed.

31 March 2013

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

To make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents by ensuring that all fire exit doors are not wedged open.

To make adequate arrangements for adequate ventilation to be provided in the designated smoking room.

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

Action required:

Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents by ensuring that all fire exit doors are not wedged open.

Action required:

Make adequate arrangements for adequate ventilation to be provided in the designated smoking room.

Action required:

Take adequate precautions against the risk of fire, including the identification and assessment of risks throughout the designated centre, the provision, as appropriate, of suitable policy in relation to residents who smoke to include the level of observation of residents who smoke, the safe storage of residents' matches/cigarette lighters, and provide the accompanying suitable documentation in risk assessments and residents' care plans.

Reference:

Health Act, 2007
 Regulation 19: Premises
 Regulation 31: Risk Management Procedures
 Regulation 32: Fire Precautions and Records
 Standard 25: Physical Environment
 Standard 26: Health and Safety

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| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
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Provider's response:

All fire exit doors will be closed and door wedges removed.
 Timescale is immediate.

Adequate ventilation will be provided in the smoking room.

Risk assessments will be carried out on residents who smoke cigarettes and matches/lighters will be stored in a suitable storage area in the nurses' station and residents will be supervised whilst smoking this will be assessed and documented in their care plan.

4 December 2012

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

To ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

To ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

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| Action required: | |
| Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm. | |
| Action required: | |
| Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. | |
| Reference: | |
| Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems | |
| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| <p>Provider's response:</p> <p>The risk management policy is being reviewed to include accidental injury to residents or staff, aggression and violence, self-harm.</p> <p>The risk management policy will cover the arrangements for the identification , recording ,investigation and learning from serious or untoward incidents or adverse events involving residents.</p> | 31 March 2013 |

Outcome 8: Medication management

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| <p>8.The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To 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.</p> <p>To put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out-of-date medicines and ensure staff are familiar with such procedures and policies.</p> |
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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.

Action required:

Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out-of-date medicines and ensure staff are familiar with such procedures and policies.

Reference:

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

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

Timescale:

Provider's response:

Medication policies will be reviewed.

28 February 2013

Theme: Effective care and support

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

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

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

Action required:

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

Action required:

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

Reference:

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

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| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
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| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| Provider's response: | |

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| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| Provider's response: | |
| Care plans will be reviewed to include all areas of the residents' wellbeing and welfare having regard to each resident's dependency and needs. | 28 February 2013 |

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

To put in place appropriate and suitable practices and written operational policies relating to each occasion in which restraint is used and ensure that staff are familiar with such policies and procedures.

To keep a satisfactory record of any occasion on which restraint is used, the nature of the restraint and its duration.

Action required:

Put in place appropriate and suitable practices and written operational policies relating to each occasion in which restraint is used and ensure that staff are familiar with such policies and procedures.

Action required:

Keep a satisfactory record of any occasion on which restraint is used, the nature of the restraint and its duration.

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| Reference: Health Act 2007 Regulation 6: General Welfare and Protection Regulation 25: Medical Records Standard 8: Protection Standard 21: Responding to Behaviour that is Challenging | |
| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| Provider's response: Written operational policies and practices on restraint will be reviewed and a record maintained of the nature of the restraint and duration documented and recorded. | 28 February 2013 |

Outcome 12: Safe and suitable premises

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| 11. The provider is failing to comply with a regulatory requirement in the following respect: To provide residents with privacy to the extent that each resident is able to undertake personal activities in private by ensuring that residents' toilets have appropriate signage and are fitted with suitable locking mechanisms. | |
| Action required: To provide residents with privacy to the extent that each resident is able to undertake personal activities in private by ensuring that residents' toilets have appropriate signage and are fitted with suitable locking mechanisms. | |
| Reference: Health Act, 2007 Regulation 19: Premises Standard 4: Privacy and Dignity Standard 25: Physical Environment | |
| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| Provider's response: Locks have been fitted with suitable locking mechanisms and suitable signage put in place | 4 December 2012 |

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

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

Action required:

To provide and maintain external grounds which are suitable for, and safe for use by residents.

Reference:

Health Act, 2007
Regulation 19: Premises
Regulation 31: Risk Management Procedures
Standard 25: Physical Environment
Standard 26: Health and Safety

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

Timescale:

Provider's response:

The outside garden area is being reviewed to make it safer for residents .

31 March 2013

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

To provide residents with privacy to the extent that each resident is able to undertake personal activities in private by ensuring that suitable policy, procedures and signage is provided in relation to the use of CCTV.

Action required:

Provide residents with privacy to the extent that each resident is able to undertake personal activities in private by ensuring that suitable policy, procedures and signage is provided in relation to the use of CCTV.

Reference:

Health Act, 2007
Regulation 19: Premises
Standard 4: Privacy and Dignity
Standard 25: Physical Environment

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| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| Provider's response: Appropriate CCTV signage has been put in place. | 4 December 2012 |

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| 14. The provider is failing to comply with a regulatory requirement in the following respect: | |
| To provide necessary sluicing facilities. | |
| Action required: | |
| Provide necessary sluicing facilities. | |
| Reference: | |
| Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment | |
| Please state the actions you have taken or are planning to take with timescales: | Timescale: |
| Provider's response: Sluicing facilities are being reviewed appropriate shelving and taps will be installed. | 30 April 2013 |

Any comments the provider may wish to make:

Provider's response:

Many thanks to the inspector for his valued report.

Provider's name: Daveen Heyworth

Date: 4 December 2012