

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Harvey Nursing Home
Centre ID:	OSV-0000048
Centre address:	25 Upper Glenageary Road, Glenageary, Co. Dublin.
Telephone number:	01 280 0508
Email address:	rosemary@harveyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Ardeeshal Lodge Limited
Provider Nominee:	Seamus Brady
Lead inspector:	Helen Lindsey
Support inspector(s):	Emma Cooke
Type of inspection	Announced
Number of residents on the date of inspection:	29
Number of vacancies on the date of inspection:	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 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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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 renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 July 2017 09:00 To: 18 July 2017 18:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

The inspection was carried out in response to the provider's application to renew the certificate of registration.

Inspectors were satisfied that the residents received a good service. There was an overall finding of compliance with the regulations inspected from the Health Act 2007 (Care and welfare for Residents in Designated Centres for Older People) Regulations 2013.

During the inspection inspectors met with residents and some of their relatives, observed practice in the centre, and spoke with staff and the management team. They also reviewed a range of documentation including resident's records, medication records, and the organisation's policies and procedures.

Residents and relatives who spoke with inspectors during the inspection, and those who completed HIQA questionnaires, were positive about the service being provided

to them. The provider gathered feedback directly from residents and relatives, and also held residents' meetings. Records showed changes were made to improve the experience of residents where it was highlighted through this process.

The person in charge demonstrated a good knowledge of resident's need. There was clear access to services to ensure residents' health needs were being assessed. Overall residents health and social care needs were being met. Staff had received training to support them in carrying out their role in the centre, and during the inspection were seen to be available in sufficient numbers to meet residents needs.

There were clear governance and management arrangements in place to provide ongoing review and evaluation of the service being provided.

Some improvements were required related to auditing processes, employment histories in recruitment records, assessment and delivery of residents needs, and documenting and review of residents communication needs. These areas are discussed further in the report and in the action plan at the end.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was an effective governance and management system in place to ensure the service provided met quality and safety regulations. There was a clearly defined management structure that identified the lines of authority and accountability, however some improvement was required in showing the outcomes of audits completed and any improvements made.

The person in charge and the nurse in charge oversaw practice in the centre on a day to day basis. They were seen to be responsive to any issues that arose in the centre and were directly involved in the day to day running of the centre. Residents and relatives said the management team in the centre were approachable and would work to address any issues that arose.

The person in charge and assistant director of nursing carried out audits directly linked to the quality and safety of residents such as falls, care plans and medication audits. While some audits had clear findings and detailed the actions taken to make any improvements required, some examples reviewed were not clear. For example the care plan audit. The person in charge and nurse in charge verbally explained their process for giving feedback to staff in response to their findings, however the findings on inspection evidence that a number of issues remained outstanding and so the audit and action taken had not been effective in driving improvement.

An annual report was available that reviewed the quality and safety of care of the residents for the last year, and a quality improvement plan for the coming year. Improvements noted in the report included interior and exterior premises improvements, an action plan to reduce the number of falls, a plan to address the findings from relatives' questionnaires, a plan to explore more activities for residents and action plans to address the various findings from numerous audits. Progress against these actions

was discussed with the person in charge and some actions had been completed while other actions were in progress.

Inspectors reviewed records of monthly management governance meetings. Items discussed at these meetings included recruitment, monthly falls, monthly audits, complaints, staff training and competency, resident's activities and other operational issues. Actions generated from these meetings were assigned to individuals to follow up and progress on these actions were discussed at subsequent meetings. This process provided assurance to the provider that the centre continued to be operated to ensure quality and safety of care.

Judgment:

Substantially Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a person in charge who worked full time in the centre. They were a registered nurse with experience in care of older people. They were familiar with the requirements of the regulations and standards and the running of the centre having been in the role for a number of years.

They were knowledgeable regarding the health and social care needs of the residents and were known by everyone in the centre as the person in charge.

There was an assistant director of nursing who provided cover when the person in charge was absent.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

This outcome was only partially assessed.

A recruitment policy in line with the requirements of the regulations was implemented in practice. A sample of staff recruitment files were reviewed and found to be in line with the requirements set out in schedule 2 of the regulations with the exception of two files where the employment history did not provide a satisfactory explanation for any gaps in employment. One folder reviewed did not have any employment history, but it was later clarified that this had been misfiled and was made available to inspectors.

The person in charge confirmed verbally that drills were carried out in addition to the ones completed by the Fire Safety trainer, but these had not been documented.

Judgment:

Substantially Compliant

Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Measures were in place to safeguard and protect residents from abuse. Procedures were in place to support residents with responsive behaviour and to review any restrictive practice in use.

There was a safeguarding policy in the centre. The document provided clear and useful guidance to staff in supporting residents. Those spoken with were clear of the signs of

abuse and the action to take if an allegation was made, or abuse was witnessed. The management team was clear of the process to follow if a report needed to be dealt with. The policy and procedure was seen to reflect the current HSE guidance 'Safeguarding vulnerable persons at risk of abuse'.

Residents and relatives fed back to inspectors that they felt the care and support provided in the centre was of a good standard, and they felt confident they were safe. The reasons they gave were having staff around at all times, security from having the front door monitored, and a caring staff team.

There was a 'behaviour management policy' in place and available for staff to access. It set out the procedure for managing residents' needs. Inspectors observed staff to be working effectively with residents. They clearly knew residents well as evidenced by the way they responded in different situations and the action to take if residents were anxious or distressed. Staff were seen to offer positive support on a number of occasions during the inspection. All of the nurses and some of the healthcare assistants had completed training on supporting residents with dementia. As discussed in outcome 11, examples were seen where residents had behaviours and psychological signs and symptoms of dementia but there were no clear instructions about how residents may respond and react in different situations, things that may trigger their anxiety, and what support may be effective to reduce their anxiety.

There was an 'enabler/ restraint policy' that set out the provider's commitment to work towards a restraint free environment. Where restrictions had been identified as the most appropriate action to take a full assessment was completed including whether other solutions that were less restrictive would meet the needs of the residents. The only restrictive practice being used in the centre was bed rails for those assessed as benefiting from their use. Risk assessments had been completed for their use. They set out the risk, ways to manage and reduce the risk, and how the resident was to be monitored. There was a review of all restrictive practice at least 4 monthly, and opportunities were taken to try alternative approaches to reduce the overall levels of restriction in the centre. Overall the use of bedrails was reducing in the centre with alternatives such as low beds and soft floor mats were proving effective approaches for people to maintain their independence.

The staff did not hold any cash on behalf of residents. For expenses such as hairdressing the resident or representative was sent an invoice for the amount due. The provider did not act as pension agent for any of the residents.

Judgment:

Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

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

The centre had a risk management policy in place. It described how risk would be assessed and managed in the centre and was supported by a risk register that reflected risks specific to the centre. It included assessments relating to the road at the front of the property and evacuation procedures in the centre. There were also risk assessments for individuals relating to issues such as agreed approaches to medication administration, risk of leaving the centre, and falling from a bed.

There was a health and safety statement in place and policies setting out the emergency plan.

Accidents and incidents were recorded in detail providing information on the incident, steps taken, and the outcome for the person or people affected. Most incidents in the centre related to falls, and action had been taken to see if there were any trends in the information, and if any changes could be made to reduce the incidents.

Infection control policies and procedures were in place and staff were seen to be following them in practice, for example regular hand washing and use of person protective equipment such as gloves and aprons. There were hand washing facilities and hand sanitisers available through the centre.

Inspectors reviewed documents that confirmed the fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. This included fire extinguishers and emergency lighting. Staff confirmed the weekly checks they completed included a check of the evacuation equipment and exit routes. Inspectors confirmed the fire exits were free from obstruction on the day of inspection.

Staff who spoke to inspectors knew what to do when the fire alarm sounded, or they saw a fire. They were able to describe the process for receiving orders and how to move residents away from fire, using the designated compartments in the centre. All staff had completed fire safety training within the past year. .

The fire trainer confirmed in records that fire drills were carried out as part of the training when it was provided in the centre at least twice a year. The information included stated that at the last drill a practice evacuation from bedrooms on the first floor was completed. The most recent training was completed in July 2017 and prior to that February 2017. The person in charge said they also practiced other drills but did not fully document them which they confirmed they would do in future. Due to the lack of documentation the inspectors could not confirm the different types of evacuation practices and whether they included drills with lower staff members as may be the case at night. The action for this is made under outcome 5.

Records confirmed that all equipment in the centre was serviced at regular intervals including hoists, mattresses and wheelchairs.

The storage of oxygen had been reviewed since the previous inspection and it was now stored securely outside.

Judgment:

Compliant

Outcome 09: Medication Management

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

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Detailed written operational policies relating to medication were available in the centre. They covered topics such as ordering, prescribing, storing and administration of medication to residents.

The processes in place for the handling of medicines, including controlled drugs were in accordance with the centre's medication policy and current guidelines and legislation. Inspectors reviewed records which demonstrated that controlled drugs were checked by two nurses at each handover and balances were checked and verified. Medications requiring refrigeration were stored appropriately and instructions were in place to assist nurses in maintaining the correct temperature of the fridge.

Inspectors reviewed a sample of residents' prescriptions and administration charts. Drugs being crushed were signed by the general practitioner (GP) as suitable for crushing. Inspectors found a number of examples whereby the maximum daily dose of 'PRN' (as needed) medicine was not documented on the prescription chart as outlined by the centre's medication policy and best practice guidelines. This was discussed with the nurse in charge at the time of the inspection.

Systems were in place for reporting medication audits and staff were knowledgeable about these systems. This processes included the review of medication errors if they occurred. A medication audit had been recently carried out in June 2017 by the centre's pharmacist. The report found general compliance with professional standards and any recommendations from the report had been implemented.

There was an effective system in place to manage the return of out of date and unused medication. Access to out of hours pharmacy was in place and staff were knowledgeable about same.

At the time of this inspection, no resident was self medicating, however, systems were in place to support residents who may wish to take responsibility for their own medicine such as appropriate risk assessments.

Nurses had up-to-date medication management training and the person in charge carried out competency assessments on all nurses in the area of medication management.

Judgment:

Substantially Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Overall residents' well being and welfare was maintained to a good standard of nursing care with access to a general practitioner (GP) and a range of allied health services. However, improvements were required to ensure care plans were being effectively implemented, evaluated and clear guidance was provided for staff.

Improvements were noted since the last inspection in relation to residents and their representatives involvement in the care provided. Inspectors reviewed records which demonstrated conversations and consultations with families and their relatives about their care plans. Records of regular communication about changes in care plans were also maintained. Relatives who spoke with inspectors said they felt they were kept up to date of the residents' changing needs.

Inspectors reviewed a sample of residents' care plans. There was a clear process in place for assessing resident's needs prior to admission to ensure the centre was able to meet their needs. When residents were admitted to the centre a detailed assessment was carried out by nursing staff and the arrangements to meet each residents' assessed needs were set out in an individual care plan. They covered all aspects of care including social, emotional and healthcare needs. A range of best practice tools were in place and used to identify changes or risks in areas such as nutrition, dependency, mobility and

skin integrity. Inspectors found that these were generally completed on a four monthly basis or as needed. However, aspects of assessments and care plan documentation required improvement as indicated by the following findings:-

- there were gaps in daily recordings of some residents' nutritional intake who were assessed as being nutritionally compromised
- there was no up-to-date care plan to manage behaviour that challenges for residents that required one
- care plans for the management of diabetes did not guide staff on what to do in all aspects of care required
- inaccurate recordings relating to residents' personal hygiene needs and associated care delivered, for example relating to bathing and nutritional intake
- care delivered to some residents was not in accordance with their care plan, for example managing pressure area relief
- some care plans were generic and did not identify individual needs and choices, for example using statements such as 'maintain routines' or 'use appropriate aids'

There were weekly GP visits and more if indicated and residents could retain the service of their own GP if they wished. There was evidence of referrals made to other services as required such as dietician, physiotherapy and occupational therapy. There was also good access to geriatrician and psychiatry of old age.

Inspectors observed residents having their breakfast and lunch in the dining room and kitchen. A menu was on each table offering choice at each mealtime. Residents spoken with stated that they enjoyed the food and their requests would always be accommodated. Staff were observed assisting residents with dignity and respect during mealtimes. There was a system of communication between nursing and kitchen staff for residents requiring special dietary requirements. Staff spoken with were knowledgeable about residents' daily individual food and fluid requirements.

Inspectors found an example whereby the care delivered did not encourage the prevention of ill health. A broken pressure relieving mattress had not been repaired or replaced in almost two weeks for a resident at risk of developing further complications due to poor nutrition and altered skin integrity. This was brought to the attention of the person in who committed to addressing this issue and feedback was given at the end of the inspection that contact had been made with the supplier and delivery was imminent.

There was a policy in place relating to admission and discharge from the centre, and inspectors saw this was put in to practice. There was a pre-admission assessment in place for each resident. When residents had external appointments relevant information was available to be sent with them, and a sample of letters and reports from residents appointments showed that there was a method for receiving relevant information back to the centre.

Judgment:

Non Compliant - Moderate

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Overall, inspectors found residents' privacy and dignity were respected.

Inspectors noted that practices in relation to how residents' personal information was stored had improved and the centre maximised the privacy of personal information where possible.

Inspectors reviewed records of resident's involvement in the running of the centre. There were residents meetings that had recently been increased in frequency from occurring annually to every three months. This had commenced in May 2017. Records of the meeting in May did demonstrate the actions arising from the meeting and a record of the follow up and feedback to residents.

Residents had daily access to newspapers and the majority of residents had a TV in their rooms. There was access to wifi and some residents had electronic tablets. The majority of residents had mobile phones and staff supported them in using their phones and checking to see if they had credit for their phones.

Some residents had some opportunities to avail of links with the local community. For example five residents had attended a local tea dance. The person in charge outlined that this was currently being explored by their activities coordinator as they were seeking to increase the links with the community and participate in activities that were meaningful and purposeful to residents.

While the centre had adequate facilities for recreation it was noted that the large living room could become very busy, and did not always provide an enjoyable and pleasant environment. For example, a resident engaging in activities was being disturbed and became visibly distressed by another resident that had become slightly agitated. This was impacting on the residents' ability to engage with the activity. Staff were also seen cleaning and vacuuming the room during mealtimes and activities. Steps were taken to address this during the inspection when it was raised.

There was an activities program in place and the daily activities were displayed on a notice board in the centre. Inspectors observed a number of activities taking place during the inspection such as arts and craft, painting, music and flower arranging.

Residents were also informed that the ice cream van would be arriving that afternoon and inspectors noted that residents really enjoyed this as it was a particular warm sunny day. Inspectors also observed meaningful one to one activities taken place such as hand massage and aromatherapy. Residents spoken with stated they enjoyed the activities that took place, and pointed out the art work displayed on the walls that they had contributed to.

Inspectors found that the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. Residents were offered choice as to whether they wanted to engage in activities, eat their meals in the living room or dining room or spend quiet time in their own room. Residents were observed having breakfast and tea at a time of their choosing.

The person in charge outlined the arrangements in place for residents to vote at election time. Residents' religious and civil rights were supported. Communion was offered to residents every Sunday. While no resident attended mass outside the centre, arrangements were in place to facilitate mass in the centre when possible.

From speaking with staff and observing staff interacting with residents, it was clear that staff were aware of the different communication needs of residents. However, care plans in relation to residents communication needs did not reflect the interventions by staff. Improvement was needed in communication care plans to ensure residents individual needs and appropriate interventions are highlighted and evaluated for their effectiveness.

Judgment:

Substantially Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall staffing arrangements met the needs of the residents living in the centre.

On the day of the inspection there were sufficient staff to meet the needs of the residents. From speaking with staff and reviewing rosters, inspectors found that on some occasions the designated centre did not have their full planned complement of staff for the day. This was confirmed in the rosters that were available in planned and actual format. While residents spoken with identified that staff can meet their needs in a timely manner, this was discussed with the person in charge and provider nominee during feedback who agreed to keep this under close review.

Staff spoken with during the inspection confirmed they had undertaken a range of training while working at the centre. Inspectors reviewed the training records that showed all staff had completed training in fire safety training. Most staff had completed protection of vulnerable adults training, however it was noted that the seven household staff were not documented on the spreadsheet. The provider was asked to submit evidence of the training being completed in the last three years, and certificates were provided for four out of the seven staff. Action was required to ensure the outstanding staff received training in relation to the detection and prevention of and responses to abuse.

Training records showed that other courses completed by a number of staff included manual handling, dementia training, CPR and hazard analysis and critical point training (HACCP).

Recruitment of staff is covered under outcome 5. Each of the employment files reviewed by inspectors had a current Garda Síochána (police) vetting. Assurance was given by the provider that Garda vetting was in place for all staff.

Records provided evidence that nursing staff had up to date registration numbers showing they were appropriately registered with the relevant professional board.

There were no volunteers organised by the provider attending the centre at the time of the inspection. One resident had a private arrangement for a visitor from a volunteer group working in the Dublin area and it was confirmed that appropriate checks were in place for the volunteer including Garda vetting.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Helen Lindsey
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
Centre ID:	OSV-0000048
Date of inspection:	18/07/2017
Date of response:	23/08/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Improvement was required in the process for effective monitoring. Examples were seen where audits did not have clear results recorded and had not achieved required improvements.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to

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

ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

The audits referred to in the report related to the old QMS from 2015, but this was discontinued and ceased with the introduction of the new standards. The old QMS was transferred to the new QMS under the new standards as this was the relevant measuring tool but these were not examined. The current QMS audits are all up to date.

Proposed Timescale: 23/08/2017

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Two examples were seen where employment histories did not include satisfactory explanation of gaps in employment.

2. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

The short gaps in the employee's history were filled

Proposed Timescale: 31/07/2017

Theme:

Governance, Leadership and Management

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

There was not a record of every fire practice or drill recorded in the centre.

3. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

The statutory fire drill records were kept in the centre and available at the time of inspection but the additional training will be recorded also

Proposed Timescale: 30/09/2017

Outcome 09: Medication Management

Theme:

Safe care and support

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

The maximum daily dose of PRN 'as needed' medication was not always recorded on resident's prescription sheets.

4. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

The doctors' have been asked to ensure that the maximum PRN is noted in the residents' files

Proposed Timescale: 30/09/2017

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:

An example was found whereby the needs of a resident requiring a pressure relieving mattress were not met in a timely manner.

5. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

The needs of this resident had improved and did not require a replacement mattress but this was not accurately reflected in her care plan. This will be monitored as part of the care plan review.

Proposed Timescale: 30/09/2017

Theme:

Effective care and support

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

Some care plans did not set out the arrangements in place to meet the individual assessed needs of residents in all aspects of care required.

6. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

The Nursing Home has a low turnover of staff and some of the comments in the care plans are completed in a way reflecting this familiarity. We will ensure that the care plans are reviewed to ensure they avoid generic language and accurately reflect the care that is given to the residents and are reviewed on a regular basis.

Proposed Timescale: 30/09/2017

Outcome 16: Residents' Rights, Dignity and Consultation**Theme:**

Person-centred care and support

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

Residents with specialist communication requirements did not have their individual requirements and appropriate interventions outlined within their communication care plans.

7. Action Required:

Under Regulation 10(2) you are required to: Where a resident has specialist communication requirements record such requirements in the resident's care plan prepared under Regulation 5.

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

Staff were very knowledgeable and understood the residents needs and communication but it was not accurately reflected in the care plan which is being addressed.

Proposed Timescale: 30/09/2017

Outcome 18: Suitable Staffing**Theme:**

Workforce

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

Records were not in place for three household staff to evidence they had receiving relevant training in relation to the detection and prevention of and responses to abuse.

8. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

We understood that the inspector only required the training records for the catering staff which were provided. The domestic staff received the same training at the same sessions and evidence of this training was sent to the Authority

Proposed Timescale: 23/08/2017