

**Health Information and Quality Authority
Social Services Inspectorate**

**Inspection report
Designated centres for older people**



Centre name:	Pointe Boise Nursing Home
Centre ID as provided by the Authority (if known):	0377
Centre address:	Kingshill
	Upper Salthill
	Galway
	Co. Galway
Telephone number:	091 587444
Fax number:	091 520735
Email address:	pointeboise@ireland.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Martin and Martha Breen
Person in charge:	Carol Preisler
Date of inspection:	31 July 2009
Time inspection took place: (please state clearly AM and PM)	Start: 7.15 AM (07:15 hrs) Completion: 6.00PM (18:00hrs)
Lead inspector:	Mary O'Donnell
Support inspector(s):	Kay Kennedy Noel Sheehan
Type of inspection:	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

Acknowledgements

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

About the centre

Description of services and premises

Pointe Boise Nursing Home is a three-storey purpose-built facility which opened in 2002. The home is registered for the care of 29 residents. There were 26 residents living in the home and one resident in hospital at the time of inspection.

Accommodation for residents' use is on ground, first and second floors. There is a spacious dining room, a large sitting room and seating areas in the hallway on the ground floor. The bedrooms on the upper floors can be accessed by stairs or lift. There are 19 single rooms, 16 with ensuite facilities and five twin rooms, three with ensuite facilities.

There is a small garden area at the front of the home and an enclosed garden area to the rear. Parking is at the front of the nursing home.

Pointe Boise Nursing Home states that its aim is: "to provide the highest level of care within a safe and friendly home. The service is committed to assisting residents to reach and maintain their greatest practicable level of physical, mental, spiritual and social well-being".

Location

The home is situated in Upper Salthill and is within walking distance of community services and close to all local amenities. The Salthill bus stops outside the gate.

Date centre was first established: DAY/MONTH/YEAR	01 / 10 / 2002
Number of residents on the date of inspection	26 + one person in hospital

Resident dependency profile at time of inspection:

Dependency level of current residents	Max	High	Medium	Low
Number of residents	7	13	6	-

Management structure

Martin and Martha Breen are the service providers and Carol Preisler, the person in charge, reports to them. There are three senior nurses working in the centre (including Martha Breen).

Summary of findings from this inspection

This inspection was an announced inspection.

The provider and the person in charge were both involved in the day to day running of the home and stated that they were committed to improving the service to residents. Staff were skilled and trained to meet the changing needs of the residents.

The residents forum offered a voice to residents in the running of their home and daily life was tailored to suit individuals as far as possible. A variety of activities were available to residents and families both within and outside the centre. The central location of the facility enabled residents to maintain their links with the community. The involvement of relatives was actively invited and facilitated with an open visiting policy.

The inspectors were satisfied that the nursing, medical and other healthcare needs of residents were catered for to a high standard. Chiropody and physiotherapy sessions were organised privately. Wheelchair accessible dental services were accessed locally. A hairdresser visited fortnightly.

The inspectors found that the premises, fittings and equipment were clean and well maintained. There was a good standard of décor throughout the home.

The action plan at the end of this report identifies areas where improvements are required. These improvements include reviewing the disposal of medications, fire safety, and infection control arrangements. Otherwise, the matters raised in the action plan refer to the requirements to comply with current regulations, guidelines and legislation.

Residents' and relatives' comments

Residents

The inspectors interviewed six residents. They joined residents for lunch and sought the views of other residents randomly throughout the day. With one exception, the residents all reported a high level of satisfaction with their lives in the home. They said they felt cared for and supported in maintaining their independence. One resident described how she has a choice between participating in the in-house activities or going out. She plays bridge and has lunch with friends twice a week. She was making plans for her summer holidays and stated that we were fortunate that she found the time to speak with the inspector. Two female residents reported that they regularly take the bus to go on shopping trips. Three interviewees mentioned attendance at services in the nearby church.

Residents reported that the food was excellent, with choices being offered for the evening meal. One lady explained that, on meeting the chef after her arrival, she said that she did not like smoked haddock and a suitable alternative dish was arranged. Another resident, who described a similar arrangement as she disliked

pork, commented that "it's easy to arrange this in a small place". A gentleman who said he was not aware of any choice on offer explained how he could not cope with having to make choices and he was lucky to be getting the good meals he eats.

A lady who had lived in the centre for four years identified the involvement of relatives and visitors as the most enjoyable aspect of life in the home. Three others told inspectors that reading books and the newspapers was their main hobby. One of the residents described how he collects the papers for others at the shop. When asked about access to the local library, one gentleman who had no visiting relatives, stated that he brought many books from home in with him. He explained that he gets around with great difficulty so a staff member supplies him with the most wonderful books.

There was general satisfaction expressed with laundry services. Clothing was discreetly marked. One man stated that if any issues arose, he pointed them out to the person delivering the laundry and the matter was dealt with immediately. The family of another resident looked after her laundry.

The inspectors met four residents who were unable to express themselves. They appeared to be comfortable and displayed signs of wellbeing. A resident who was unhappy, because he felt he should be in a retirement home rather than a nursing home, said that he was "too well to be here" and he planned to leave soon.

Relatives

The inspection team received three completed relative/carer questionnaires. Four relatives also spoke with the inspectors. They said that Pointe Boise was first brought to their attention when acquaintances recommended the centre. Later they had meetings with management in the home, in order to satisfy all parties that the centre was suitable. Engagement with families prior to admission was viewed positively. "My parents visited the home and were very impressed." Another stated, "we were invited to have a meal...it's more like a guest house, really."

All relatives strongly agreed that they were satisfied with the care that their parents received and the availability of medical, associated healthcare and other services.

The involvement of relatives in life in the home was a common theme. Those interviewed were daily visitors. One respondent stated, "I am welcome day or night," while another described the home as "a home from home". Without exception, they all expressed strong satisfaction with the attitude of staff and the dignity with which residents were treated.

One relative stated that her father had no real interest in activities, but religion was very important to him. She was satisfied that his spiritual needs were adequately catered for in the home.

Another relative explained that her mother had advanced dementia and was unable to participate in activities. She stated that food was now probably the only thing left that her mother could enjoy. She described how the family have engaged in discussions with staff about how this pleasurable experience can be preserved, while

managing the risk of swallowing problems. Relatives all praised the staff for the efforts they made to celebrate birthdays and have parties for the residents and families. A range of activities in the home were identified and one relative described how residents planted sunflower seeds which were growing with the residents' names attached. She felt that the range of activities could be extended, especially in the winter evenings.

All relatives interviewed felt involved in the care of their loved ones. Where appropriate, they took their relative out during visits. One relative explained that her sister was coming in later to assist her mother to shower and settle for the night.

Relatives identified the person in charge, the provider, or a senior nurse as one to whom they would make a complaint. Nobody interviewed had made a complaint. One relative pointed out that there was never a need to complain because "you can discuss any problem with the staff when you visit."

One statement in a questionnaire appropriately captured the description communicated to the inspectors of the relationship between the staff in the home and the families of those who live there: "This home has become a second home for us over the past five years and the staff have become our friends."

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement, and having a system in place to effectively assess and manage risk.

Evidence of good practice

The provider demonstrated to the inspectors his knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and spoke of the implications for the nursing home.

There was a positive approach to quality improvement. Weekly in-house team meetings were used to raise awareness and involve staff in service improvements to achieve the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Staff who spoke with inspectors had knowledge of the standards and were aware of some of the challenges facing the organisation.

Both providers worked full-time in the home. The person in charge worked full-time and one of the providers or a senior nurse was on duty at the weekends.

A statement of purpose was made available to the inspection team prior to the inspection. The centre's philosophy was clearly stated in the brochures available at reception.

There was a residents forum in place, which offered residents an opportunity to participate and engage in the running of the home. Residents said they had discussed the activity provision in the home and engagement with the local community at the forum.

The size of the home and the involvement of both providers in its day-to-day running facilitated open communication between residents, staff and managers. Roles and responsibilities were clearly defined and communicated to both staff and residents. Staff interviewed had a clear understanding of the management structures and their roles and responsibilities. Residents, relatives and staff described an open door approach to communication and were clear about whom they would approach with any issue. They were provided with the telephone numbers of the providers and the person in charge. The inspectors observed open communication between all involved.

There was a "falls" project in place, which aimed to reduce the number of falls in the home by identifying those at risk of falling and raising awareness among all staff of their role in "falls prevention". An analysis of the accident book indicated that the incidence of falls in the home (0.5 falls per person per year) is below the national average.

Inspectors saw that fire equipment was in place and regularly serviced (last serviced October 2008).

Some improvements required

While the statement of purpose and function for the centre was based on the *National Quality Standards for Residential Care Settings for Older People in Ireland*, it did not contain all the information required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

The range of policies, procedures and guidelines available in the home did not meet the requirements set out in schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Near misses (accidents/incidents that almost happened) were not documented or analysed as part of risk management in the home.

Significant improvements required

Fire safety

The inspectors were concerned that managers and staff were not adequately prepared to respond in the event of a fire. The safety of residents on the upper floors was of particular concern, as some were wheelchair users and there were only three staff members on duty at night.

While fire training was provided to staff on induction, the arrangements for the ongoing training of existing staff were inadequate. The provider stated that the last fire training took place in October 2007. There was no evidence of fire drills taking place in the home.

Infection control

The inspectors observed that the equipment and practice did not meet all requirements to support best practice in infection control in a community setting. Inspectors spoke to staff and observed practice. They found that precautions and practice for infection control were inadequate and could pose a risk to residents and others. Deficits included:

- no arrangements were in place for the disposal of clinical waste
- taps at the hygiene station were of a domestic type, requiring staff to use their hands to turn the tap off after hand-washing
- aprons and gloves were provided but inspectors saw that staff did not always remove their gloves when leaving the residents' rooms

- changing facilities were provided but two staff members interviewed wore their uniforms to and from work.

Other hazards observed by inspectors were:

- clean mop heads were stored in the sluice
- the cupboard containing chemical and cleaning agents was open when unattended.

Minor issues to be addressed

Although manual handling instructions were communicated to staff using the manual handling chart, the risk assessment sheet which informs manual handling practice, was not completed for individual residents.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre, and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Residents and relatives talked about the homely environment in the centre. The relationship between residents and staff facilitated a person-centred approach to care.

Inspectors found that staff had a detailed knowledge of residents. This informed the daily routine for each resident, ensuring his/her preferences were met.

An inspector attended the handover from night staff and observed that residents were supported to continue the daily routines they had prior to admission. One resident, who liked to watch TV until the early hours, did not get up until the afternoon. Another lady, who had worked in a bakery, liked to start her day at 5 am. Night staff usually assisted this lady to get up, but on the morning in question she was tired and chose to stay in bed. Breakfasts were served at 8am but those who liked a later breakfast were catered for. Inspectors observed a resident joining the staff at the morning break to have her breakfast.

Residents' choices to have a bath or a shower were accommodated. Staff explained how one resident who did not like either baths or showers had her hygiene needs met with a wash "from a basin as this is her wish". The shower/bath records provided evidence of this.

Residents were offered a varied nutritious diet. The chef was aware of their likes and dislikes. The two-week menu cycle made allowances for the preferences of individual residents, including those on special diets, and provided for those who require a modified consistency diet. The variety, quality and presentation of meals were of a high standard. Inspectors who sampled the food confirmed this. They joined residents in a bright, relaxed dining room. Round tables facilitated communication and the settings were attractive. Residents expressed satisfaction with the food and the dining experience. When asked if wine was a regular feature, a resident explained that if anyone gets a present of a bottle of wine or wins one as a prize it is usually opened and shared over dinner. Independence was promoted with the appropriate use of plate guards (a device which prevents food being pushed over the side of the plate), and residents were given adequate time to take their meals. Staff

could access a variety of food from the kitchen day or night for residents who required food at times outside the regular meal times.

Staff strived to meet residents' need for occupation and social engagement. One resident, who has a job, takes the bus to work each day and another attends a local day centre. Two residents spoke of regular lunch engagements with friends and shopping trips. Inspectors heard the night staff report the safe return of various residents during handover.

The activity programme for the week was displayed in the home. Discussions with relatives indicated that the list did not capture all the activities on offer. Inspectors observed residents participating in a quiz before lunch. One resident was observed reading her own poetry to an audience of residents and staff in the living room.

A recent survey of residents and discussions at the residents forum had informed a review of the activities in the home. A nurse explained that residents indicated a preference to use local amenities rather than have activities put on for them in the home. Residents were provided with information about events in the community and arrangements were made to attend them. The local paper was used as a source of information about local activities. Relatives spoke of taking their family member to concerts or restaurants. Weekly music sessions and poetry readings were also held in the home. Residents explained that they now had a choice to go out or participate in an activity in the home.

The provider was working with the residents to find ways to provide male company for male residents who were living in a predominantly female environment. Arrangements were made for transition year student visits to the home during the school year. When male residents were asked how this might make a difference, one man said that he was looking forward to a chat about GAA with a young lad who plays hurling or football. Another gentleman was eager to discuss the races and the horses, "not the outfits on ladies' day".

Relatives were encouraged to play an active part in the lives of residents. Participation in care planning and provision was in place. Relatives were observed taking residents outside. There was open visiting in the home, with many residents and relatives holding a key to the door.

Inspectors observed that the privacy and dignity of residents was respected. Residents had a lockable safe facility in their rooms. Staff respectfully addressed each resident; they knocked and waited for a response before entering the residents' rooms. Adequate screening was provided in shared bedrooms.

The residents and relatives interviewed were positive about their experience of raising issues or expressing their concerns. They clearly identified who they would contact with any concern. One resident reported "they always have time for you, they listen". With one exception, all residents interviewed agreed that they were treated sensitively, felt valued and were happy with the outcomes if they reported any concerns.

Staff received training in the detection and reporting of elder abuse. Staff interviewed had appropriate knowledge of the topic.

Some improvements required

Most residents with a disability who required a modified diet or high level of assistance with eating and drinking had their dinner at the first sitting. The dining experience for this group seemed to be of a lesser standard compared to the second sitting. Staff explained that two residents insist on dining alone and for others their large chairs prevented groups sitting around the table. Staff acknowledged that they have considered how this aspect of life could be improved and agreed to explore the matter further.

Inspectors observed that the activities provided on the day did not suit the more dependant residents who were observed sitting without any meaningful engagement for periods in the day room. Consideration should be given to how to meet the needs for stimulation and social engagement for each resident.

Inspectors observed that notices to staff regarding removal of a hearing aid, cleaning of dentures and laundry arrangements, were displayed in two residents' rooms. When it was pointed out that posting up personal information was institutional practice, staff explained that the notices were posted in response to relatives' wishes.

The residents' care plans had a medical focus which failed to capture the evident excellent practice in meeting the social, spiritual and emotional needs of individual residents.

Significant improvements required

While residents and visitors were supported to raise issues, or make suggestions or complaints in a spirit of openness, there was no complaints procedure in an accessible format available to residents and visitors which took account of legislation, regulations and national guidelines.

Minor issues to be addressed

Inspectors observed that many staff did not wear name badges.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis within a care planning process that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Nurses reported that they had recently introduced a new care planning system to the nursing home. Each resident had an assessment on admission and a care plan was drawn up to meet his/her assessed needs with the involvement of the resident, or relative if appropriate. Residents and relatives outlined their involvement in the process. Although the care plans had not come up for review yet, staff explained that a regular three-monthly review was planned in partnership with the individual resident.

Opportunities were provided for residents to pursue healthy lifestyle choices and recreational activities. Health was promoted with a regular monitoring of each resident's weight, blood pressure and blood screening.

Residents had a risk assessment for moving and handling, management of pressure sores, nutrition and risk of falls. Residents deemed to be at risk had a care plan to monitor and manage actual and potential problems. Inspectors reviewed care plans and found this had occurred. Risk assessments and care plans were reviewed regularly and amended accordingly. Inspectors saw that residents deemed to be at risk of falling had a symbol in place to alert staff. Staff reported that a programme to reduce falls and raise awareness of falls risk among all staff has resulted in a decrease in the incidence of falls within the nursing home.

Residents were provided with the services of the GP of their choice. The location of the home facilitated regular visits by GPs. Entries in the medical notes supported this. "West Doc" was accessed for out-of-hours service. Residents and relatives commended the medical care available in the home. The Galway University Hospital was within a mile of the centre. Peripatetic services such as chiropody and physiotherapy were available on a needs assessed basis and funded privately by the residents. Private services were accessed locally for dental, optical and hearing services.

Staff training had focused on increasing nursing skills in order to avoid unnecessary admission to hospital for blood tests, treatment of dehydration and end-of-life care.

An inspector accompanied the nurse on the morning medication round. Safe practice was observed in medication administration and recording of the drugs administered.

Residents who spoke with the inspector were knowledgeable about their medications.

Some improvements required

Inspectors were told by the person in charge that policies, procedures and guidelines were currently being developed in this centre.

It was evident from discussions with senior staff that outside of hospital appointments, residents do not have ready access to a dietician, occupational therapy or to speech and language therapy. The provider said that there was a lack of HSE staff to provide these services in the community. The inspectors reviewed the providers' correspondence with the HSE, seeking access to these. The situation remains that residents do not have access to these healthcare services.

While the majority of care plans reviewed were satisfactory, one care plan failed to identify that the resident had gradually lost weight over a period of time and consequently no plan was put in place to address this. Care plans were not audited by senior nurses to ensure a high standard of nursing care. This meant that changes in residents' needs might not be identified and rectified.

Significant improvement required

The medication policy reviewed by the inspector was not in line with legislative requirements or An Bord Altranais guidance (2007):

- it did not provide for traceability in the safe disposal of drugs other than controlled drugs
- there was no guidance in relation to faxed prescriptions or transcribing of prescriptions by nurses.

When inspectors examined the medication record sheets they found that although the GPs had signed the prescriptions appropriately, the nurse's signature was absent when prescriptions were transcribed.

Staff explained that the residents had a three-monthly review of their medication by their GP. Staff could not show where the medication review was documented in the medication records or in the medical notes.

An inspector saw that other items such as dressings and residents' alcohol were stored in the drug stock cupboard.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean, and well maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

The home was purpose-built and residents reported that it offers a very homely and warm environment. Most of the residents had single rooms which were spacious and comfortable. Residents had soft furnishings and small personal possessions and photographs in their rooms. There were a variety of communal rooms and seating areas provided. The inspectors observed a high standard of cleanliness throughout and residents expressed satisfaction with the facilities provided and the standard of maintenance and cleanliness in the home. The inspector tracked the two most recent maintenance requests and was satisfied that the work was carried out to a satisfactory standard within a reasonable timeframe.

Adequate equipment was provided to meet the requirements of the residents. Assistive equipment, such as pressure relieving mattresses and specialist seating and mobility aids, were provided by the nursing home to meet the residents' needs. The inspectors noted that equipment was well-maintained, with a full service history available for inspection. Contracts for the six-monthly servicing of equipment were reviewed by inspectors. The kitchen was clean and well organised. The chef and relief chef have received Hazard Analysis Critical Control Points (HACCP) training. Certificates of training were reviewed.

The household staff member interviewed was clear about her roles and responsibilities. This included managing spillages and cleaning schedules. She reported that she had undergone a mentorship programme to support her in her role. Laundry practices observed were in line with best practice.

Some improvements required

Inspectors observed that wheelchairs did not have foot-plates. Foot-plates were stored in the hallway. Residents being transferred with their feet raised and legs extended were at risk of injury. It was noted that no residents appeared to have sustained injuries to their legs. Storage space appeared to be inadequate. The sluice on the upper floor was used as a storage area. Inspectors found a ladder and other items there.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice, and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

The inspectors observed the interactions of staff at handover, between staff and provider or person in charge, and between staff and residents and relatives. A culture of open communication within the organisation was noted.

Relatives and families reported feeling welcome and involved with aspects of home life. Communication during the pre-admission phase was identified as particularly beneficial. Staff reported that it prevented inappropriate admissions. Visitors stated that meetings with managers assisted them to reach a decision about placing a relative in the centre. One lady stated that it provided a foundation for good communication with the home since her mother was admitted. Contracts of care were provided to all residents with clearly stated terms and conditions.

Residents (or relatives where appropriate) had access to the integrated care plans and were involved in the care planning process. Information was shared with care staff and relatives on a need to know basis.

The organisational structure and size of the centre meant that information was usually shared in conversations, in person or by telephone. The telephone numbers of the provider and the person in charge appeared on the brochure available to all residents. A notice board displayed information on local events and information for residents was available through local papers. Visitors also discussed local news with residents.

When staff were asked about techniques they used when conversing with residents who have difficulty communicating, they listed the following:

- identifying yourself to a visually impaired person before speaking
- facilitating lip reading and directing the voice towards the good ear when communicating with residents who were hearing impaired
- getting information from family about a person with dementia.

A visually impaired resident confirmed that the staff routinely identified themselves before speaking with him. A relative confirmed that she shared key information that

her mother could not convey, and this had informed the care her mother received. A lady with a microphone attachment for her hearing aid said that it really improved her ability to have a conversation. The residents with hearing and visual impairments expressed satisfaction with communication in the home.

Some improvements required

Resident meetings were not minuted and facilitation of the group was not carried out by an independent person or a resident. More consideration was needed to access the views of those who have difficulty with communication.

The brochure did not meet requirements of the regulations. Staff and residents were currently working to produce a residents' guide.

Residents stated that they are not aware of what is being served for dinner. Menus should be made available in a suitable format.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

Resident dependency was calculated by using the Barthel Score. Staff and residents agreed that staff were available in sufficient numbers and with the skills and competencies to meet the needs of the residents. There were usually three nurses and four care assistants on duty in the morning, three nurses and three care assistants on duty in the afternoon and one nurse and one care assistant on night duty from 8pm (20.00hrs). A care assistant on day duty worked until 9.30pm (21.30hrs) to help with supper and assist residents to retire. Weekend staffing arrangements ensured that a senior staff member was on duty to supervise delivery of care.

Each staff nurse had responsibility for care planning with five residents.

On the day of inspection, inspectors were told a care assistant reported in sick. This shift was covered by a staff nurse.

When inspectors spoke with staff, they stated that they were happy with their work. They identified feeling valued, training opportunities and their relationship with residents as key aspects of job satisfaction. Low rates of turnover were evident in the organisation.

Training records viewed by inspectors confirmed the provision of ongoing professional development which was tailored to meet the needs of this service. A senior nurse had recently completed a post graduate diploma in gerontological nursing and a number of care staff have undertaken the FETAC Level 5 Healthcare Support programme. Staff were updated in a relevant topic each week by a staff member who had attended a seminar or researched a topic. This facilitated the sharing of new knowledge by staff who attended external training or conferences. Staff were introduced to *the National Quality Standards for Residential Care setting for Older People* through this forum. Staff who were interviewed demonstrated an understanding of the standards.

A comprehensive induction and mentoring process was in place for new staff. An inspector studied the content of the induction handbook. Three staff were

interviewed and gave favourable accounts of their induction or ongoing education. Their accounts of training were supported by documentary evidence when their files were reviewed.

Some improvements required

There was no formal staff appraisal systems in the organisation.

Significant improvements required

There was a policy in place relating to recruitment, selection and vetting of staff. Inspectors reviewed three personnel files and found that Garda Síochána vetting and birth certificates were absent from two of the files.

REPORT COMPILED BY

Mary O'Donnell
Inspector Manager,
Social Services Inspectorate,
Health Information and Quality Authority

25 September 2009

Action Plan - Provider's response to inspection report

Centre:	Pointe Boise Nursing Home
Centre ID as provided by the Authority (if known):	0377
Date of inspection: DAY/MONTH/YEAR	31 / 07 /2009
Date of response: DAY/MONTH/YEAR	23 / 09 / 2009

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (*Care and Welfare of Residents in Designated Centres for Older People*) Regulations 2009 and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

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

The arrangements were inadequate for staff training in fire safety. The provider stated that the last fire training took place in Oct 2007. Records of the content or attendance at the training were not available. There was no evidence of fire drills taking place in the home.

Action required:

Make suitable arrangements for persons working in the designated centre to receive suitable training in fire prevention and ensure by means of fire drills that persons working in the centre and residents, where practicable, are aware of the procedure to be followed in the case of fire.

Reference:

Act: Health Act 2007
Regulation 32: Fire Precautions and Records
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>"We will continue to conduct fire drill training as outlined in our Fire and General Register, as part of our weekly staff training programme at least every 6 months and also in compliance with Regulation:32 (1) (2) (3). We plan to conduct another external Fire appliance training and demonstration course in October 2009 to coincide with the annual fire equipment service.</p>	<p>End November 2009</p>

<p>2 The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Infection control arrangements and practices do not meet requirements.</p>	
<p>Action required:</p> <p>Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the segregation and disposal of clinical waste such as soiled dressings. Provide necessary sluicing facilities and make suitable provision for storage.</p>	
<p>Reference:</p> <p>Act: Health Act 2007 Regulation 19 (3)(k),(l) & 19 (7)(g): Premises Standard 24: Training and Supervision Standard 25: Physical Environment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The first available Infection Control Training Course is on 13th October 2009 and we have reserved places on the course. As with the Medication Management Course, it will facilitate us in putting in place the action required and also to comply with Regulation: 19 (3)(k),(l) & 19 (7)(g). Our contract with Initial Healthcare for the disposal of clinical waste has been revised to include more frequent disposals. We have now changed our storage arrangements so that the sluice rooms are no longer used for this purpose. The necessary sluicing facilities will be included in our capital expenditure plans.</p>	<p>November 2009</p> <p>Completed</p> <p>Completed</p> <p>For accounting period '09 –'10.</p>

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

The policy, procedure and guidelines on medication did not provide for the safe disposal of all drugs. It does not provide guidance for nurses transcribing prescriptions or dealing with faxed prescriptions. Items other than medications were stored in the medication cupboard. There is no documented evidence of a three-monthly medication review in the medical notes.

Action required:

Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the ordering, prescribing storing and administration of medication and disposal of unused or out of date medicines.

Reference: Act: Health Act 2007
 Regulation 33: Ordering, prescribing, storing and administration of medicines
 Standard 14: Medication Management
 Standard 15: Medication Monitoring and Review
 Standard 30: Quality Assurance and Continuous Improvement

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

Timescale:

Provider's response:

Four of our Nursing team completed the first Medication Management Education day conducted on 9th September 2009. We have made arrangements with our Pharmacist to provide traceability in the disposal of discontinued and out of date medicines.
 We are now putting in place suitable arrangements, appropriate procedures and written policies in accordance with current regulations, guidelines and legislation.

Completed

In progress.

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

Personnel files did not have copies of birth certificates or Garda Siochána vetting documents.

Action required:

Provide written policies and procedures relating to the recruitment, selection and vetting of staff in accordance with current regulations, guidelines and legislation.

Reference:

Act: Health Act 2007
 Regulation 18: Recruitment
 Standard 22: Recruitment

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

Timescale:

Provider's response:

We have not employed staff since 1st July 2009 and therefore these documents are not mandatory in the personal files. Within best practice current Staff has been requested to provide birth certificates and complete Garda Siochána vetting documents. These are being processed. Our Health and Safety and Personnel Management systems are provided by Peninsula Business Services. They have been instructed to amend our Management Handbook and policy documentation in preparation for future staff employed.

Work in progress.
 January 2010
 November 2009

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

The statement of purpose and function did not contain all the information required as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009

Action required:

Update the written statement of purpose, stating the aims objectives and ethos of the centre, the facilities and services provided and a statement of matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Reference: Act: 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 copy of the Statement of Purpose seen was Draft 1. It is our intention to be diligent in its compilation and this will require reasonable time.	Final report required. Draft 2 is in progress to comply with regulation 5.

6. The provider is failing to comply with a regulatory requirement in the following respect:	
The range of policies, procedures and guidelines available in the home did not meet the criteria set out in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2009.	
Action required:	
Provide written operational policies and procedures in accordance with current regulations, guidelines and legislation.	
Reference:	
Act: Health Act 2007 Regulations 27: Operating policies and Procedures Standard 11: Communication Standard 22: Maintenance of Records Standard 13: Healthcare Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The current range of policies and guidelines in the home are under review. The number of documents, records, policies and procedures to be maintained in the home as described from Schedule 1 to 5 of the the Health Act 2007 (Care and Welfare of Residents in Designated Centres For Older People) Regulations 2009 is extensive. It is our intention to be diligent in their compilation to ensure that they are fit for purpose and this will require reasonable time. We intend to commit a defined weekly time for this purpose.	Work in progress. March 2010

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

Outside of hospital appointments, residents do not have ready access to a dietician, occupational therapy or to speech and language therapy.

Action required:

Facilitate all appropriate healthcare including access to dietician services and any other services as required.

Reference:

Act: Health Act 2007
Regulation 9(1) (2): Healthcare
Standard12: Health Promotion
Standard 13: Healthcare

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

Timescale:

Provider's response:

These discussions appear to have been misinterpreted. Please see copies of HSE correspondence attached refusing services. Pointe Boise provides ready access to all residents on an identified needs basis. Private therapy is fully facilitated as well as ready access provided. The difficulty is with the HSE who are unable to provide the services. This correspondence is with NHI to assist in the Ombudsman complaint.

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

The information contained in the brochure is inadequate and fails to meet the regulatory requirements.

Action required:

Produce a written guide "the residents guide" which shall include a summary of the statement of purpose, terms and conditions of residency, a contract for provision of services and facilities, the most recent inspection report, a summary of the complaints procedure and the address and telephone number of the Chief Inspector of Social Services at the Health Information and Quality Authority.

Reference:

Act: Health Act 2007
Regulation 21:Provision of Information to Residents
Standard 1: Information

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We plan to produce a written guide on receipt of the most recent inspection report.</p>	

<p>9. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Information contained in the register no longer meets regulatory requirements.</p>	
<p>Action required:</p> <p>Establish and maintain an up-to-date directory of residents in relation to each resident in accordance with current regulations and legislation.</p>	
<p>Reference:</p> <p>Act: Health Act 2007 Regulation 23: Directory of Residents Standard 32: Register and Residents' Records</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The current range of policies and guidelines in the home are under review. The number of documents, records, policies and procedures to be maintained in the home from Schedule 1 to 5 is extensive. Establishing and maintaining an up to date directory of residents in relation to each resident in accordance with Regulation 23 and legislation is part of this process.</p>	<p>Work currently in progress. Prior to next admission.</p>

Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 1: Information	Introduce name badges for all staff. Explore alternative arrangements for discrete sharing of information about residents
Standard 2: Consultation	Facilitate resident's forum meetings to take place on a regular basis, arrange for a resident or an independent person to chair the meetings, record issues arising and any actions taken and identify an advocate to represent those residents with dementia or those who cannot make a verbal contribution to the meetings.
Standard 18: Routines and Expectations	Consider how to expand the opportunities for social engagement and stimulation to residents with greater levels of disability.
Standard 19: Meals and Mealtimes	Consider how the social aspect of mealtimes for residents with greater levels of disability can be enhanced.
Standard 10: Assessment Standard 11: Resident's Care Plan Standard 12: Health Promotion	Revise residents' care plans to reflect the evident excellent practice in meeting the social, spiritual and emotional needs of individual residents.

Any comments the provider may wish to make:

Provider's response:

Thank you for your draft report and we have reviewed it carefully as requested. Throughout the inspection the team members were courteous and professional. There were regular opportunities to ask questions by all and the answers given were full and considered. The inspection report format gives a clear picture and it is a welcome development. We are very pleased with all the recorded evidence of good practice and happy with the reports' clear balance in favour of all of the positives. We were the first privately owned and operated nursing home in Ireland to be inspected by HIQA and also the first home to receive the draft report. Inevitably, publication of the first reports will receive an inordinate and disproportionate interest. We are proud of the care we provide and because of the circumstances around this inspection we believe that we did not have a fair opportunity to present the services that we provide in a full and complete way. At the beginning and again at the end of the debrief I explained to the inspection team and to our senior staff present that that this was so. The reasons given were that we were one of the first homes to be inspected, against very new legislation, by a new team, without the benefit of time, guidance, feedback, training opportunities and information that will be afforded to others to prepare. This was also explained in the feedback questionnaire. Events since then confirmed this view.

We did not receive the HIQA information folder – *Guide to the process of registration and Inspection* - until after the inspection. We did not get the HIQA pre-inspection questionnaire. The copies of the new legislation that we ordered from the Government Stationary Office arrived after the inspection. For us, not knowing the inspection process or the reporting format to be used made the inspection a very stressful and anxious time. It had an unhelpful effect on our management teams confidence, morale and Esprit de Corp. It was also hard for our residents who felt all the questioning difficult and later expressed a view that a three person team in-house all day in their place was too much for them.

This was a 48hr notice inspection on 31st July, expecting full compliance against the extensive new regulations and guidelines that were about 16 working days old. This, by any standards, is an unreasonably short time. For example, Garda Vetting is not an instant process, nor is the diligent writing up of newly required workable policies and procedures. Knowing that the inspection report is a public document and that it is placed on a web site creates an environment of trial by public opinion for all participants on both sides of this new process.

Concurrently, we were preparing our submission to the NTPF as a result of equally recent 'Fair Deal' legislation which was also an exacting process with a submission date of 12.00hrs 30th July, the day before the HIQA inspection.

The inspection took place over one day only. This was unfair on the inspection team as this was too short a time to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. The inspection team did not have the opportunity to observe our management and administration structure and they did not have the opportunity to spend any time in our management and administration office, where all our records are kept. Consideration of a two day inspection as being appropriate was given at the debrief and this was agreed by all present. It also led to us to not having the opportunity to explain fully issues that arose such as the discrepancy within regions of the HSE in their policies regarding the access to services by residents in nursing homes. The inspection team did their best within the time available and displayed a true commitment to their role, but the outcome of this lack of inspection time has been unfair for Pointe Boise.

Regarding the best practice recommendations we have considered the point that our care plans are medically focused. We have started an exercise with our care assistants to develop life histories of our residents to help improve the care plans. We also start a programme of 'Opportunities of Social Engagement and stimulation' with the assistance of boys and girls in transition year from two nearby schools beginning on 29th September for the academic year. This will also enhance the social aspect of mealtimes for some of our residents. During our recent outing to Knock, a volunteer carer indicated that she would consider being the chair for resident forum meetings and also undergo advocacy training if available. We plan to participate in the NAPA volunteer advocates programme when it is rolled out nationally.

Having read this report any person wishing to make further enquiries about our home may do so by:

Telephoning; 091 587444

by corresponding to; Pointe Boise Nursing Home Kingshill, Upper Salthill, Galway.

Or you may also e-mail; pointeboise@ireland.com

Signed: Martin Breen, Registered Provider