Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Melview Nursing Home
Centre ID:	ORG-0000250
Centre address:	Prior Park, Clonmel, Tipperary.
Telephone number:	052 612 1716
Email address:	davina@sonas.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sonas Nursing Homes Management Co. Limited
Provider Nominee:	John Mangan
Person in charge:	Davina Hanley
Lead inspector:	Louisa Power
Support inspector(s):	Caroline Connelly;
Type of inspection	Announced
Number of residents on the date of inspection:	29
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
02 April 2014 10:55	02 April 2014 22:00
03 April 2014 09:30	03 April 2014 15:00

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

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

Summary of findings from this inspection

This report set out the findings of an announced inspection following an application received by the Authority to vary and remove conditions of registration, which took place over two days on the 2 April and 3 April 2014. The providers had applied to increase the maximum number of residents that can be accommodated to 36 and to remove the condition relating to accommodation of residents in the Orchard Wing.

This was the fifteenth inspection of Melview Nursing Home by the Authority. As part of the inspection the inspectors met with the providers, the person in charge, residents, relatives, nurses, relatives and numerous staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The previous inspection findings of 26 November 2013 identified significant deficits in health and safety and recruitment procedures. The person in charge was issued with a verbal immediate action plan to devise, display and implement an evacuation/emergency plan in the context of the ongoing construction work and to ensure that the health and safety of employees undertaking laundry duties at night. The inspectors were satisfied that the appropriate actions had been taken.

The providers and person in charge displayed a good knowledge of the Standards and regulatory requirements and were found to be committed to providing quality person-centred care to the residents. The inspectors observed that significant improvements had been made in the areas of health and safety, care planning, quality improvement and recruitment.

Inspectors saw that residents looked well and cared for, engaged readily with the inspectors and provided positive feedback on the staff, care and services provided. Inspectors were satisfied that their medical and nursing needs were met to a good standard.

The inspectors found that the original part of the premises posed numerous challenges in the provision of care due to the lack of private and communal space and facilities for residents. The premises and fittings were not adequately maintained. The majority of residents were accommodated in multi-occupancy rooms. There was no communal space provided on the first floor. In contrast, the new part of the premises comprises a majority of single rooms, was finished to an adequate standard and the decor was bright. The providers outlined to the inspectors the plan for the next phase of renovation and upgrading of the centre in order to comply with the Regulations and Standards.

The other required improvements are set out in detail in the action plan at the end of this report and include:
- Statement of purpose
- refresher training in elder abuse
- notifications to the Chief Inspector
- review staffing levels at night
- storage for residents' possessions
- restraint practices
- smoking facilities

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Judgement:
Non Compliant - Minor

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

Findings:
The statement of purpose consisted of the aims, objectives and ethos for the designated centre and a statement as to the facilities and services that were to be provided for residents. The statement of purpose had been revised in January 2014. The statement of purpose was made available for residents and staff to read.

The written statement of purpose described a service that provided care that provided "individual care and attention for all residents" in an environment that "replicates the person's previous home life". The inspectors observed that the ethos as described in the statement of purpose was actively promoted by staff.

However, some of the items listed in Schedule 1 of the regulations were not detailed in the statement of purpose namely the registration number and all conditions of registration.

Outcome 02: Contract for the Provision of Services
Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Leadership, Governance and Management

Judgement:
Compliant

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

Findings:
The inspectors reviewed a sample of residents' contracts of care and noted that all were signed and dated by the resident or their representative within one month of admission. The contract set out the services to be provided. All fees relevant to care and accommodation were included in the contract. Details of any additional charges that may incur an additional charge were included.

Outcome 03: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Judgement:
Compliant

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

Findings:
There was a full-time person in charge who was the director of care since August 2012 and she was a registered nurse with the required experience and clinical knowledge in the area of nursing older people. The person in charge was engaged in the governance and operational management of the centre on a regular and consistent basis.

The person in charge informed the inspectors that she fulfilled this role with the assistance and cooperation of her staff and by actively participating in the effective management and development of services of the centre. The roster made available to the inspectors indicated that members of the Sonas team were in attendance at the centre on a regular basis and there was evidence of regular conference calls and electronic contact between the director of care and the providers. The director of care attended Sonas care management meetings.

Staff with whom the inspectors spoke had a clear understanding of management and reporting relationships and confirmed that the person in charge was readily available to support all staff. In the absence of the person in charge, the key senior manager or the senior staff nurse on duty undertook her responsibilities. During this inspection, the inspectors noted that the person in charge demonstrated a positive and proactive approach towards effectively meeting regulatory requirements and significant improvements were noted in areas such as care planning and quality improvement.

The person in charge had continued her professional development and had attended a number of training opportunities including a 'Train the Trainer' course on physical restraint and short courses on challenging behaviour, end of life and nutrition. During this inspection, the person in charge also demonstrated a good knowledge of the

Regulations and the Authority's Standards.

Outcome 04: Records and documentation to be kept at a designated centre
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:
Leadership, Governance and Management

Judgement:
Non Compliant - Minor

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

Findings:
The directory of residents was up to date but the gender of the resident was not included.

Records listed in Schedule 4 to be kept in a designated centre were all made available to the inspectors.

The inspectors reviewed a sample of the residents' medical records (Regulation 25) and noted that the records were up to date and contained all of the required elements.

The resident's guide contained all the required information and the inspectors saw that copies were made available to residents and prospective residents.

The inspectors viewed the operating policies and procedures and noted that policies were reviewed on an ongoing basis. The centre-specific policies reflected the care given and informed staff with regard to evidence-based best practice or guidelines. There was written evidence that staff had read and understood the operating policies and procedures.

The inspectors viewed the insurance policy and saw that there was adequate insurance against accidents or injury to residents, staff and visitors.

Reports and documentation relating to the other inspections (fire/food safety) were maintained.

All records were easily retrievable but stored in a secure manner. The centre had an up to date policy relating to the creation of, access to, retention of and destruction of

records.

Outcome 05: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Judgement:
Compliant

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

Findings:
There had been no periods where the person in charge was absent from the centre for 28 days or more since the last inspection and there had been no change to the person in charge. The providers were aware of the obligation to inform the Chief Inspector if there is any proposed absence of the person in charge and the arrangements to cover for the absence. The inspectors were satisfied that suitable arrangements were in place for the management of the designated centre in the absence of the person in charge.

Outcome 06: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Moderate

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

Findings:
The person in charge and all the staff spoken with confirmed that there had been no incidents of alleged, suspected or reported abuse. The inspectors reviewed the centre-specific policies on the prevention and management of abuse, which had been reviewed in June 2012. The policy was comprehensive and provided details in relation to the various stages/actions required by staff in effectively responding to an allegation to adult abuse.

Training records reviewed indicated that all staff had attended education and training on the protection of vulnerable residents, however three members of staff had not received refresher training. Staff confirmed their understanding of the features of adult abuse, their reporting obligations and how they might deal with a suspected incident of abuse.

The inspectors saw that the staff took time to engage with the residents and the residents were relaxed in the company of the staff. The inspector interacted with the residents throughout the inspection and residents spoke of the "lovely" staff and that they feel safe living in the centre.

The inspectors reviewed a centre-specific policy in relation to residents' private property, valuables and money, which had been updated in August 2013. The policy was comprehensive and outlined the steps to be taken to safeguard residents' property and finance. Where the provider is acting as an agent for a resident, the appropriate documentation was maintained and made available to the inspectors. However, the inspectors saw that the system for maintaining financial records was not sufficiently robust as one transaction had not been countersigned by a staff member or the residents. Some items of residents' property deposited for safe keeping had not been documented accurately.

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Moderate

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

Findings:
Overall there was evidence that the providers were committed to protecting and promoting the health and safety of residents, staff and visitors and significant improvements were seen in risk management practices relating to the ongoing construction works and the laundry duties.

There was a health and safety statement in place which was last reviewed in August 2013. This outlined general aims and objectives in relation to health and safety within the centre. The health and safety statement was augmented by a risk management policy which outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk. The risks identified specifically in the regulations were included in the risk register. There was evidence that risk assessments had been implemented in practice and were kept under continual review.

The inspectors saw that there was a comprehensive emergency plan in place dated February 2013 and covered events such as power outage and water shortage. There was a generator installed and was serviced annually, most recently in March 2014.

The inspectors saw that accidents and incidents were identified, reported on an incident form and there were arrangements in place for investigating and learning from accidents.

Suitable fire equipment was provided throughout the centre. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation of residents and staff in event of fire was displayed in a number of areas. The training matrix confirmed that all staff employed receive annual fire training on an ongoing basis. Staff demonstrated good knowledge on the procedure to follow in event of a fire, including phased evacuation of residents and the availability of safe areas and compartments. The fire alarm is serviced on a quarterly basis, most recently in February 2014. Fire safety equipment is serviced on an annual basis, most recently in March 2014. Fire drills take place on a monthly basis and all staff had attended a fire drill since the last inspection. Records of weekly fire checks were made available to the inspectors. These checks included inspection of escape routes, automatic fire doors, smoke alarms and break glass units.

A personal emergency evacuation plan (PEEP) was seen to have been developed for all residents in consultation with the physiotherapist. The PEEP took into account the number of staff required to evacuate the resident, the ideal means and route of evacuation and the location of the resident.

The smoking shelter, a temporary arrangement, was still in place and each resident who smoked was individually assessed. However, the inspectors noted that inadequate controls in place to protect residents who smoked in the shelter as there was no fire blanket or fire fighting equipment available. There was not a nurse call system in place and some of the furnishings were not made of fire retardant materials. This was brought to the attention of the provider and the person in charge who organised that a fire blanket be placed in the shelter.

The training matrix confirmed that all staff were trained in the moving and handling of residents. Staff demonstrated a good understanding of the use of the hoist and contemporary moving equipments. Lifting equipment was serviced in January 2014, in line with manufacturer's guidelines. Each resident had a personalised manual handling plan which was updated quarterly by a nurse and physiotherapist in line with residents' changing needs. The inspector spoke with staff who demonstrated comprehensive knowledge of each resident's personalised manual handling plan and this was evidenced in practice. The inspectors noted that floor covering was torn in a number of communal and private areas which would pose a trip hazard for residents and staff.

The lift was maintained, serviced annually and used appropriately. Hand rails and grab rails were installed throughout the centre.

Infection control practices were guided by a centre-specific policy which had been

updated in February 2014. There was a contract in place for the disposal of clinical waste and records were maintained of removal and transport. Hand washing and sanitising facilities were readily accessible to staff and visitors. Designated hand washing facilities were provided in the laundry and sluice rooms. Access to high risk areas, such as the sluice, was seen to be restricted at all times. Clinical staff stated that they had access to sufficient personal protective equipment such as aprons and gloves. A contract was in place for the disposal of clinical waste and records were maintained for collection and transport.

The inspectors spoke with a member of housekeeping staff. There was evidence of a regular cleaning routine that adequately prevented against cross contamination.

The person in charge had implemented a number of measures to ensure safe systems of work for the undertaking of laundry duties. Alternative off site facilities were used for the majority of the laundry. Laundry duties were only carried out during the day. Due to the construction works, the laundry was inaccessible from the main building but the access route to the laundry was seen to be more direct. The risk assessment was reviewed on a daily basis by the person in charge, taking into account alterations in the construction works and site access. The providers confirmed that this would be a temporary arrangement and plans made available to the inspectors confirmed that new laundry facilities will be incorporated in the next phase of renovation.

Staff completed and maintained records of monthly checks of temperature checks of hot water and the inspectors noted that the temperatures recorded did not pose a risk of scalding to residents.

Records were made available to the inspectors that confirmed that all assistive equipment and beds were inspected regularly and serviced in line with manufacturer's guidance.

Outcome 08: Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Safe Care and Support

Judgement:
Compliant

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

Findings:
The inspectors noted that there were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. These policies were comprehensive, centre-specific and were reviewed in September 2012.

Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation.

The maximum dosage of medications administered on a PRN (pro re nata or 'as required') basis was stated on the prescription. PRN medications were not administered on a regular or routine basis.

The prescription record was transcribed by nursing staff, was clearly indicated as such and countersigned by a second nurse; each record was signed and dated by the relevant GP. The date of transcription was recorded.

Results of quarterly medication management audits were made available to the inspectors.

Medication prescription sheets were current and contained all of the required elements. Authorisations were in place for administering medications in an altered format (crushed).

Medication administration sheets contained the signature of the nurse administering the medication, identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications.

A review of each resident's medication regimen was undertaken and documented by the relevant GP and the pharmacist every three months.

The inspectors saw that residents who self-administer their own medication had a completed evaluation of their ability with ongoing assessment of their ability to perform this activity. Adequate supervision and records were seen to be in place.

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Major

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

Findings:
Comprehensive records were maintained of accidents and incidents. Inspectors noted that a notifiable event as described in the regulations had not been reported in accordance with the requirements of the legislation. The person in charge demonstrated

a commitment to ensure that all notifiable events are reported to the Authority. The Authority received notification of this event after the completion of the inspection.

Outcome 10: Reviewing and improving the quality and safety of care
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:
Effective Care and Support

Judgement:
Compliant

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

Findings:
The person in charge, the providers and staff displayed a strong and clear commitment to continuous improvement in quality person-centred care through regular audits of resident care and the facilities.

The inspectors saw that regular audits were in place and included review of health and safety practices, infection prevention and control, medication management, nutrition, wound care and falls. The audit reports included action plans and there was evidence of learning from the results.

A number of surveys had been completed to ascertain residents' views. There was evidence that suggestions raised were acted upon by the person in charge, such as new menu choices and activities.

Minutes of the residents' meetings were made available to the inspectors. Meetings were held on a quarterly basis, chaired by the advocate and the last meeting was held in March 2014. Issues discussed included menu choices, draughty rooms and new activities. There was evidence that suggestions raised at the residents' meetings were acted upon by the person in charge and the providers.

Outcome 11: Health and Social Care Needs

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

Theme:
Effective Care and Support

Judgement:
Non Compliant - Moderate

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

Findings:
There were a number of centre-specific policies in relation to the care and welfare of residents, including wound care and falls management. Each of the policies had been reviewed in October 2013.

There was evidence that timely access to health care services was facilitated for all residents. The person in charge confirmed that a number of GPs were currently attending to the need of the residents and an "out of hours" GP service was available if required. The records confirmed that residents were assisted to achieve and maintain the best possible health through regular blood profiling, quarterly medication review and annual administration of the influenza vaccine. Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. In line with their needs, residents had ongoing access to allied healthcare professionals including dietetics, chiropody, speech and language therapy, psychiatry of old age and occupational therapy.

The inspectors reviewed a selection of care plans. There was evidence of a comprehensive pre-assessment undertaken prior to admission for all residents. After admission, there was a documented comprehensive assessment of all activities of daily living, including mobility, nutrition, communication, work and play. There was evidence of a range of assessment tools being used and ongoing monitoring of pain management, mobilisation and, where appropriate, fluid intake. Each resident's care plan was kept under formal review as required by the resident's changing needs or circumstances and was reviewed no less frequently than at three-monthly intervals, in consultation with residents or their representatives.

The residents benefit from a physiotherapist who visits the centre twice per week. A weekly physiotherapy schedule is agreed in advance with the person in charge. On admission, each resident undergoes an initial mobility and physiotherapy assessment. A

mobility risk assessment is completed for all residents by the physiotherapist and a stairs assessment was completed for residents as appropriate. This risk assessment was seen to be updated every three months or as a resident's condition changes. The physiotherapist completes a comprehensive treatment form after each consultation.

The incidence of falls is monitored on an ongoing basis. A falls audit is completed on a quarterly basis and the inspectors saw that there was a significant reduction in the number of falls due to implementation of a falls team who complete a review after each fall and recommend preventative measures.

The reported incidence of wounds was low and the inspectors saw that evidence-based wound management documentation had been completed, including photographs, measurements, wound assessment and wound progress notes.

The multi-disciplinary team consisting of the person in charge, staff nurse, physiotherapist and a carer meet every two weeks to discuss each resident's welfare and wellbeing. The inspectors observed that a multi-disciplinary plan of care had been implemented for each resident which was evidenced in practice.

In relation to restraint practices, the inspectors observed that while bedrails and lapbelts were in use, their use followed an appropriate assessment and monitoring. However, the inspectors noted that signed consent from residents was not always secured where possible due to confusion as to what constitutes restraint. The use of national best practice to guide the use of restraint was discussed with the person in charge and providers. Behaviour management plans were devised and implemented if required and the inspectors observed that challenging behaviour was managed appropriately.

The inspectors reviewed the activities program and the activities log which recorded the resident's attendance at activities. There was a range of activities offered including bingo, gentle exercise, arts and crafts, quizzes and live music. The inspectors found that, for those residents with dementia, activities had been modified to enhance interaction and communication. Residents' interests were determined in the pre-admission assessment.

Outcome 12: Safe and Suitable Premises

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

Theme:
Effective Care and Support

Judgement:
Non Compliant - Major

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

Findings:
Melview House is almost 200 years old; it was originally built as a private dwelling and in later years was used as a convent and medical facility by a religious order. It has operated as a nursing home in private ownership since about 1985. Melview House is an architecturally significant listed building. It is a three-storey over-basement structure; resident accommodation is provided on the ground, first and second floors. The basement area primarily accommodates service areas, staff facilities and administration offices.

The main entrance provides access to the ground floor of the main building; the entrance retains the original three limestone steps. A ramp is provided, leading to a small lobby area or porch and the main reception area.

The ground floor accommodation consists of a sitting room and dining room for residents, and four bedrooms. Two of the bedrooms are en suite with toilet, wash-hand basin and assisted shower. There is a bathroom with toilet, wash-hand basin and low level bath with electric seated insert, and a further single toilet provided for residents' use. A sluice room, staff toilet and changing facilities and the laundry are also accommodated on the ground floor.

The basement is accessed from the ground floor by means of a restricted stairwell and accommodates the main kitchen and ancillary stores, offices for the person in charge, and changing and toilet facilities for catering staff.

The first floor is accessed by means of a stairwell from the ground floor that leads directly to the nurses' station; a further stairwell leads to a large central landing area, residents bedrooms, and the lift and lobby area. There are four bedrooms; two two-bedded rooms and two four-bedded rooms, none of which are ensuite. One of the two-bedded rooms was originally the oratory. There is a bathroom with toilet, wash-hand basin and assisted shower and a second separate toilet and wash-hand basin provided for residents. There are no communal or dining facilities on the first floor and the inspectors observed that the majority of residents took their meals by their bedside.

A further stairwell leads up to the second (top) floor; again there is a main central landing with a residents' sitting/dining room and three bedrooms, one single room, one twin bedroom and two four-bedded rooms.These bedrooms are not en suite; a bathroom with a toilet, wash-hand basin and assisted shower and a separate toilet and wash-hand basin are again provided.

The providers propose that further resident accommodation is provided in a new extension. On the ground floor, there were two double rooms and one single room, all ensuite, as well as sluice and toilet facilities . On the first floor, there are three single rooms, again all ensuite, with toilet facilities. A new lift has been installed.

The design and layout of the new build was adequate and the inspectors saw that the

size of the rooms was sufficient to meet residents' needs.

However, the inspectors found that the original premises posed numerous difficulties in the provision of care due to the lack of private and communal space and facilities for residents. The inspectors found that the centre required a number of actions to ensure it met the requirements of legislation. The majority of the residents were accommodated in multi-occupancy rooms which afforded little space, privacy or room for personal storage or the use of specialist equipment. In many cases, lockers and wardrobes were quite small and did not accommodate sufficient clothing to allow residents to exercise choice. There were no communal or dining facilities available for residents on the first floor and many residents dined at their bedside. The inspectors noted that there was inadequate ventilation in toilet and bathroom facilities. The premises and furniture were not adequately maintained with evidence of a watermarked ceiling due to a leak that had not been repaired, peeling paintwork and torn chair covering.

The kitchen was visibly clean and organised and inspection reports issued by the relevant Environmental Health Officer (EHO) were made available to the inspectors.

Access to areas such as the sluice room and laundry were seen to be restricted. The sluice room contained appropriate equipment and facilities. The laundry facilities were located in the grounds of the centre and were seen to be adequate in size and contained the necessary equipment.

Certificates were in place stating that equipment and assistive devices provided to residents such as wheelchairs, beds and pressure relieving mattresses were inspected and serviced in line with manufacturer's guidelines. The inspectors noted that was inadequate storage for equipment and assistive devices.

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Judgement:
Non Compliant - Moderate

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

Findings:
The inspectors noted that there was a centre-specific comprehensive complaints policy, last reviewed in August 2013. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. A summary of the complaints procedure was displayed prominently and was included in the statement of purpose. The complaints officer stated that she dealt with any

complaints as soon as possible and felt that residents were happy with the service they received.

The inspectors reviewed the complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied.

The inspectors noted that one complaint had been documented in a resident's care plan rather than in the complaints log.

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Judgement:
Compliant

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

Findings:
Care practices and facilities in place were designed to ensure residents received care at the end of their life in a way that met their individual needs and wishes and respected their dignity and autonomy. Access to specialist palliative care services was available on a 24 hour basis from South Tipperary hospice home care team. End of life training was made available and all staff had attended.

The inspectors noted that arrangements were in place for capturing residents' end of life preferences. Discussions regarding end of life care with residents and representatives were documented and seen to be meaningful and comprehensive, capturing residents' wishes on preferred place of death, spirituality and religion at end of life and funeral arrangements. Residents have a choice to a place of death including a single room.

Individual religious and cultural practices were facilitated and family and friends were enabled to be with the resident when they were at the end of their life.

The inspector observed, and residents and relatives reported, that residents' religious and spiritual needs were well provided for.

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

Judgement:
Compliant

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

Findings:
The inspectors observed and participated in lunchtime. The inspectors saw that the variety and quality of meals provided to the residents was of a good standard, freshly prepared and nutritious. Dining tables were attractively and invitingly set and a menu for the day was displayed offering choice at each mealtime. There were two sittings for each meal. Residents had a choice of two dining rooms, on the ground and second floors. As outlined in outcome 12, the inspectors observed that majority of residents on the first floor had their meals by their bed in their bedrooms and were not actively encouraged to attend the dining rooms.

The inspectors noted that the meals were plated and attractively presented in an appetising manner. It was observed that every effort was made to present modified diets in an appetising manner. Gravies/sauces were served separately if required.

Residents were encouraged to remain independent and were provided with a range of adaptive utensils to assist them; adequate staff supervision and assistance was provided in a respectful and discreet manner as necessary. The inspectors observed that encouragement was given to residents who were reluctant to eat. The person in charge confirmed that relatives could participate in mealtimes and were risk assessed to assist their relatives.

The inspectors saw that policies were in place for the monitoring and documentation of nutrition, supported nutrition and the management of hydration. These policies were centre-specific and had all been reviewed since the last inspection.

Catering staff retained a list of each resident's likes and dislikes and ascertained their preferences individually; records were in place to this effect. The catering staff demonstrated good knowledge of modified consistency diets and fluids. Specialised diets, e.g. diabetic and coeliac diets, were also communicated effectively.

In between main meals, the inspector saw that residents were provided with a range of hot and cold drinks; fresh water was available at all times in the communal areas. Snacks were also seen to be provided. Staff demonstrated awareness of residents'

preferences and the inspector observed a choice of snacks being made available.

Residents' weights were monitored monthly and the Malnutrition Universal Screening Tool (MUST) was also utilised in practice. The inspectors saw that residents looked well, weights were stable and nursing staff understood the relevance of weight loss when computing the MUST.

A selection of prescription charts were reviewed by the inspectors and nutritional supplements were prescribed and administered appropriately. The inspectors saw that the advice of dietician and speech and language therapist was accessed, documented, communicated and observed.

Residents were provided with adequate dining space and the social dimension of meals was encouraged with the majority of residents choosing to attend the dining room for their meals. Residents with whom the inspectors spoke were complimentary of the meals and snacks served.

Outcome 16: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:
Person-centred care and support

Judgement:
Compliant

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

Findings:
The inspectors found the centre to be relaxed and person-centred. There was a good level of visitor activity noted by the inspectors throughout the day.

The providers, person in charge and staff had a good knowledge and understanding of the resident's biography, choices, preferences and behaviours. Staff were seen to be respectful when speaking of and with residents.

The inspector observed televisions and radios in the communal areas. Many of the residents also had access to televisions in their bedrooms and newspapers were delivered every day.

Resident's routines were documented clearly in their care plans and staff were seen to respect these. For example, the inspectors saw that a number of a residents went into the town centre during the day or on outings with family and friends.

The inspector saw that residents received care that respected their privacy at all times. Staff knocked and awaited permission before entering residents' bedrooms. Staff addressed residents by their preferred names. Screening curtains were used in shared rooms when personal care was delivered.

Residents had access to an advocate who attended the centre regularly. The advocate met residents privately and chaired residents' committee meetings. Records of the advocate's visits and meetings with the person in charge were reviewed by the inspector. There was evidence that issues raised by residents, through the advocate, were addressed by the person in charge. The inspectors saw evidence that the advocate was appropriately vetted and had a clear understanding of her roles and responsibilities.

Residents were facilitated to exercise their civil, political and religious rights. Arrangements were made for residents to vote. Mass was celebrated in the centre on a weekly basis and some residents attended Mass at the local church.

The most recent copy of the centre's newsletter, published in April 2014, was made available to the inspectors which contained information on the advocacy service, Mass times, arrangements for residents' meetings, upcoming residents' birthdays, plans for the Easter party and staff news.

Outcome 17: Residents clothing and personal property and possessions
Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

Judgement:
Non Compliant - Minor

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

Findings:
The inspector observed that there was disparity in the amount storage provided for residents' personal possessions and clothing. Some residents were not afforded adequate storage for clothing and personal possessions. Not all residents had access to separate locked storage for valuables.

The majority of residents' clothing was laundered on-site. Clothing was labelled to ensure that residents' own clothing was returned to them.

There was a centre-specific policy on residents' personal property and possessions.

Residents' personal property was recorded on admission to the centre and these records were kept up to date.

The inspectors saw that staff gave residents the opportunity to choose their outfit for the day and residents' personal image was seen to be maintained.

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Workforce

Judgement:
Non Compliant - Moderate

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

Findings:
There was a planned roster in place. Based on observations, a review of the roster and these inspection findings, the inspectors was satisfied that the staff numbers and skill-mix were appropriate to meeting the assessed needs of the complement of residents accommodated during the day. However, the inspectors observed that the complement of nursing staff at night-time was inadequate and required review due to the size and layout of the premises. There was a registered nurse on duty at all times and a record is maintained of current registration details of nursing staff.

The providers and person in charge developed a plan, at the inspectors' request, for staffing the extension. The plan was made available to the inspectors on the second day of the inspection and was deemed to be adequate and achievable. The providers confirmed that this plan would be reviewed and updated on a weekly basis by the person in charge.

A sample of staff files was reviewed and contained all of the required elements. There was evidence of effective recruitment procedures including the verification of references.

The inspectors saw that there was a selection of healthcare reading materials and reference books stored in the nurses' office. The inspector noted that copies of both the regulations and the Authority's standards were available. Staff were also able to articulate adequate knowledge and understanding of the regulations and the Authority's standards.

Staff training records demonstrated a proactive commitment to the ongoing

maintenance and development of staff knowledge and competencies - the programme reflected the needs of residents. All staff employed had attended mandatory fire, manual handling and elder abuse training. Further education and training completed by staff included medication management, end of life, challenging behaviour, dementia, wound care and nutrition

The inspectors noted that regular monthly staff meetings take place. The nursing staff meet separately on a monthly basis and topics discussed include falls prevention, infection prevention and control, health and safety and rosters. Staff were supervised appropriate to their role and a formal appraisal system had been implemented.

Volunteers were supervised and vetted appropriate to their role and their involvement in the centre.

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Louisa Power
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Melview Nursing Home
Centre ID:	ORG-0000250
Date of inspection:	02/04/2014
Date of response:	07/05/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not contain the registration number and all conditions of registration.

Action Required:
Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Please state the actions you have taken or are planning to take:
Registration number and all conditions of registration now included in statement of purpose.

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

Proposed Timescale: 06/05/2014

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Three staff members had not received refresher training on protection of the vulnerable adult.

Action Required:
Under Regulation 6 (2) (a) you are required to: Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

Please state the actions you have taken or are planning to take:
The three staff members who did not receive Refresher training on protection of the vulnerable adult will have same completed before 1st June, 2014.

Proposed Timescale: 01/06/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The system for maintaining financial records was not sufficiently robust as one transaction had not been countersigned by a staff member or the residents and some items of residents' property deposited for safe keeping had not been documented accurately.

Action Required:
Under Regulation 6 (1) (a) you are required to: Put in place all reasonable measures to protect each resident from all forms of abuse.

Please state the actions you have taken or are planning to take:
All financial records are countersigned by a staff member or the resident and each item of residents' property deposited for safe keeping are been documented accurately and practice audited by DOC.

Proposed Timescale: 06/05/2014

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were inadequate fire precautions in the smoking shelter such as the provision of

fire fighting equipment, a means to raise the alarm and fire retardant furnishings.

Action Required:
Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Please state the actions you have taken or are planning to take:
The use of the smoking shelter is under review and inadequate fire precautions are being addressed. Fire extinguisher are in place adjacent to shelter, fire blanket in place, fire retardant furnishings placed in smoking shelter and emergency call bell being installed.

Proposed Timescale: 01/06/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Floor covering was seen to be torn in a number of communal and private areas.

Action Required:
Under Regulation 31 (4) (e) you are required to: Provide safe floor covering.

Please state the actions you have taken or are planning to take:
Repair and refurbishment plan in place and will address torn floor covering.

Proposed Timescale: 01/09/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were no communal facilities on the first floor.

Action Required:
Under Regulation 19 (3) (e) part 3 you are required to: Provide adequate communal accommodation for residents.

Please state the actions you have taken or are planning to take:
Resident who occupy 1st floor are encouraged to attend dining room on ground floor and to integrate with other residents in communal rooms.

Proposed Timescale: 06/05/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The premises were not adequately maintained with evidence of a watermarked ceiling due to a leak that had not been repaired and peeling paintwork.

Action Required:
Under Regulation 19 (3) (b) you are required to: Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
Repair and refurbishment plan in place to address maintenance issues. Water mark on ceiling has been painted and leak repaired.

Proposed Timescale: 06/05/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The furniture were not adequately maintained with evidence of torn chair covering.

Action Required:
Under Regulation 19 (3) (c) you are required to: Maintain the equipment for use by residents or people who work at the designated centre in good working order.

Please state the actions you have taken or are planning to take:
Repair and refurbishment plan in place to address maintenance of furniture. Chairs have been repaired / replaced.

Proposed Timescale: 06/05/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some of the residents were accommodated in four-bedded rooms which afforded little private space.

Action Required:
Under Regulation 19 (3) (e) part 2 you are required to: Provide adequate private accommodation for residents.

Please state the actions you have taken or are planning to take:
Once new rooms become available the occupancy of four bedded room will be reconfigured.

Proposed Timescale: 01/07/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Storage for equipment was inadequate.

Action Required:
Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

Please state the actions you have taken or are planning to take:
Suitable storage will be provided.

Proposed Timescale: 01/11/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was inadequate ventilation in a number of toilets and bathrooms.

Action Required:
Under Regulation 19 (3) (p) you are required to: Provide ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents.

Please state the actions you have taken or are planning to take:
Ventilation of toilets and bathrooms will be addressed in repair and refurbishment plan.

Proposed Timescale: 01/10/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Personal storage for residents was seen to be inadequate in multi-occupancy rooms.

Action Required:
Under Regulation 19 (3) (m) you are required to: Provide suitable storage facilities for the use of each resident.

Please state the actions you have taken or are planning to take:
The provision of adequate personal storage in multi-occupancy rooms will be provided as the number of residents in these room will reduced as soon as we get registration for the additional rooms.

Proposed Timescale: 01/06/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The majority of residents took their meals by their bed in their bedrooms due to lack of communal and dining space on the first floor.

Action Required:
Under Regulation 19 (3) (g) part 4 you are required to: Provide adequate dining space separate to the residents private accommodation.

Please state the actions you have taken or are planning to take:
All residents can choose to have their meals in the dining room, bedroom or in some cases the sitting room. Notwithstanding this we will encourage residents who occupy 1st floor to attend the dining room for their meals as it provides a more relaxing environment.

Proposed Timescale: 06/05/2014

Outcome 17: Residents clothing and personal property and possessions

Theme: Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some residents did not have adequate space to store their clothing.

Action Required:
Under Regulation 13 (c) you are required to: Provide adequate facilities for each resident to appropriately store, maintain and use his/her own clothes.

Please state the actions you have taken or are planning to take:
The provision of adequate personal storage in multi-occupancy rooms will be provided as the number of residents in these rooms will reduced as soon as we get registration for the additional rooms.

Proposed Timescale: 01/06/2014

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents did not have access to adequate personal storage and locked storage for valuables.

Action Required:
Under Regulation 7 (3) you are required to: Provide adequate space for a reasonable

number of each residents personal possessions and ensure that residents retain control over their personal possessions.

Please state the actions you have taken or are planning to take:
Adequate personal storage and locked storage will be provided.

Proposed Timescale: 01/06/2014