

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Harbour Lights Nursing Home
Centre ID:	ORG-0000345
Centre address:	Townasligo, Bruckless, Donegal.
Telephone number:	074 973 2020
Email address:	harbourlights22@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Caring Hands Limited
Provider Nominee:	David O'Neill
Person in charge:	Sissymol Thomas
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	46
Number of vacancies on the date of inspection:	7

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 to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
23 April 2014 09:00	23 April 2014 18:00
24 April 2014 09:00	24 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 was an announced inspection in response to an application by the provider to the Health Information and Quality Authority (the Authority) to renew registration of this centre. The current registration of this centre is due to expire in August 2014. This was the fifth inspection of this centre undertaken by the Authority.

Prior to the inspection the inspector reviewed all documentation submitted by the provider, for the purposes of renewal of registration. In addition 11 residents and nine relatives completed pre-inspection questionnaires which were reviewed. The Inspector found that residents and relatives were positive in their feedback and expressed satisfaction with regard to the facilities, services and care provided. Some

residents mentioned that they knew the provider and he was in the centre daily and if they had a concern they could talk to him. They also stated that the Person in Charge was available on a regular basis and was approachable. Residents spoken to by the inspector during the inspection were complimentary about their day to day life experiences, the meals provided and described the staff as "helpful and would do anything you asked".

The fitness of the provider representative and the person in charge was determined by interview during previous inspections and ongoing regulatory work, including subsequent inspections of the centre and level of compliance with actions arising from inspections. The person in charge and the provider representative who was available throughout the inspection demonstrated a good working knowledge of the legislation throughout the inspection process. Both voiced a desire to ensure the provision of a good service for residents and to comply with the regulations.

As part of the inspection process, the inspector met with residents, a relative and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Systems were in place to ensure a safe environment was provided to residents. There were policies, procedures, systems and practices in place to assess, monitor and analyse potential risks with control measures in place to ensure risk minimisation. An up to date safety statement was available.

An unannounced monitoring inspection had previously been carried out by the Authority, in May 2013. At that time the inspector found that the staff nurse level required review to ensure resident's needs were met. Medication management procedures required review to reduce the risk of medication error. While staff were trained in fire safety annually they had not participated in routine fire drill practices. Aspects of the risk management and complaints policy required review, and the provider was required to have a plan in place to provide suitable accommodation for residents in accordance with the Authority's Standards

At the time of this inspection the inspector found that most of these actions had had input and some were completed. However actions with regard to the premises, auditing and the complaints policy had not been addressed. These actions and other areas identified on this inspection which required further work to ensure full compliance with the regulations are included at the end of this report. Completion of these is required to comply 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.

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the Statement of Purpose (SOP) partially described the aims, objectives and ethos of the centre and the service that was provided. It required further work to include greater detail with regard to accuracy of staffing compliment and with regard to meeting the religious needs of all denominations and how the centre would respond to emergencies. It also required review to reflect the accuracy of the service provided, for example the SOP stated that a home care service was provided in the community but the provider confirmed that this was an error. A revised SOP has been forwarded to the Authority on the 30 April 2014 this has been returned to the provider as it requires further work to ensure full compliance with current legislation. an updated SOP has been submitted in July 2014 which complies with current legislation.

Judgement:

Non Compliant - Minor

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector reviewed a sample of residents' contracts of care and found that there was a signed written agreement in place. This did not detail the services to be provided or the fee payable. It was not dated. The provider stated that an overall fee was

payable under the fair deal scheme and no further fee was charged for social care programmes. He stated that the centre facilitated specific requests from relatives or residents for example to purchase toiletries and when this occurred relatives were invoiced for the cost and receipts were available.

A scale of charges for items not included in the fee for example hair dressing was not available to residents for their information.

Judgement:

Non Compliant - Moderate

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The post of person in charge is full-time and held by a registered nurse with the required experience in the area of nursing of older people. All members of staff spoken with were clear about their areas of responsibility and reporting structures. The person in charge demonstrated a good level of knowledge of the Regulations and the Authority's Standards and her statutory responsibilities during the inspection. She described a good working relationship with the provider who works in the centre on a daily basis.

Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents. She had kept her clinical knowledge up-to-date and had established a process of auditing information and service provision. She had good knowledge of residents' assessed needs, their planned care and conditions. From the staff roster and speaking with the PIC she confirmed that she worked some of her allocated hours each day in the delivery of care to residents. She stated this gave her a good opportunity to keep up to date with the clinical status of the residents and an opportunity to supervise the delivery of care to residents and attend handover. She informed the inspector that she had time to complete her management duties and responsibilities of her role. She had continued to keep her skills up-to-date by undertaking on-going professional development. During 2013/14 she completed courses on 'Quality and End of life care, nutritional care, medication management, venepuncture and wound management.

Her CPR (cardio-pulmonary respiration) training and mandatory training were up-to-date. Her registration was up to date with a Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland). She informed the inspector that she

planned to do the diploma in gerontology commencing in September 2014.

Judgement:

Compliant

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

All policies listed in Schedule 5 of the Regulations were available but some required review, to ensure they provided clear guidance to staff of the procedures to follow to ensure the delivery of safe quality care to residents. The nutritional policy required review to ensure it detailed the procedure to follow with regard to monitoring nutritional intake. The risk management policy required further review in order to comply with current legislation and this is discussed under outcome 7.

Directory of Residents

The inspector found that this did not comply with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended as it failed to detail the name and address of any authority, organisation or other body, which arranged the resident's admission to the designated centre. It also failed to document the marital status of all residents.

Judgement:

Non Compliant - Minor

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider and person in charge were aware of their responsibility to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during her absence. The fitness of the deputising person in charge has been determined by interview on a previous inspection. She was not on duty at the time of this inspection but the inspector saw that her registration was up to date with a Board Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) and her mandatory training in adult protection, manual handling and fire safety were in date. The provider and person in charge live locally and informed the inspector that they can attend the centre at short notice.

Judgement:

Compliant

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. While there was a policy on adult protection which provided guidance to staff with regard to the management of an allegation of elder abuse it did not detail the procedure on how to manage an allegation of abuse against a senior member of the management team. The staff were aware of the contact details of the HSE Senior Case Worker.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. During discussions with the inspector some staff members demonstrated their knowledge regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged, or suspected abuse. An allegation of abuse had been made by a family member to the HSE Senior Case Worker, this had been investigated by the HSE and was not substantiated. At the time of this inspection there were no allegations of abuse being investigated.

The inspector was informed that the provider or his staff do not act as an agent for any of the residents. A petty cash system was in operation, this was reviewed by the inspector who found that there was a separate account for each resident. Transparent

arrangements were in place with regard to the documentation of all transactions. Two staff signed all transactions and receipts were given to relatives when any money was deposited in these accounts.

There was a visitors' record located by the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents. The inspector saw that this was signed by visitors entering and leaving the building. The centre was further protected by closed circuit television cameras at entrance and exit points. Residents confirmed that they felt safe in the centre and contributed this to the presence of staff and the doors being secure.

Judgement:

Non Compliant - Minor

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

Outstanding requirement(s) from previous inspection:

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

Findings:

The Inspector found that the provider had taken steps to promote the safety of residents. A comprehensive safety statement was available which provided guidance on responding to a range of clinical and non-clinical risks. While policies for some specific risks which are required by the regulations including residents going missing, managing aggression were available in separate policies, no overall risk management policy was available. A specific policy with procedures to guide staff actions in the event of self harm had been developed in response to an action from the previous action. There was no procedure documented with regard to arrangements for accident investigation and learning to ensure understanding for all staff to minimise the risk of repeat occurrence was not in place.

Falls Management /Accident and incident management

Measures were in place to prevent accidents and promote residents' independence. Handrails were provided on both sides of the corridor to promote independence and equipment was stored appropriately thereby not posing a tripping risk to residents.

There were arrangements in place for recording and investigating accidents and incidents. Information recorded included factual details of the accident/incident, date and time event occurred, name and contact details of any witnesses and whether the general practitioner (GP) and next of kin had been contacted. Low/low beds and sensor alarms were available as part of the falls prevention programme. The falls policy has been reviewed in response to an action from the previous inspection and provided clear

guidance to staff with regard to recording of neurological observations. When a resident fell a revised falls assessment was routinely completed and the care plan was updated to include any additional controls that may be required to minimise the risk of injury to the resident.

Fire safety

Fire safety was appropriately managed and the provider described a good working relationship with the local statutory fire office who visited the centre regularly. A control was in place in the kitchen and laundry to cut off the gas should the fire alarm be activated. Fire shutters were in place which are automatically activated if the fire alarm is activated. All staff had up to date fire safety training and had participated in regular fire drills to ensure they are aware of the procedures to follow to include simulated evacuation and safe placement of all persons in the event of fire.

Fire exits were checked daily by the person in charge or her deputy and a record was maintained of this. Staff spoken with was clear about the procedure to follow in the event of a fire. The inspector viewed the fire records which showed that fire equipment was last serviced in February 2014. The fire alarm system was serviced quarterly. The inspector found that all fire exits were clear and unobstructed during the inspection. While fire drills were carried out regularly the only recording of these was who attended. There was no recording of the time taken, whether an evacuation had been completed and if so how this occurred.

Infection control practices and procedures

Measures to control and prevent infection including policies and practices were in place. Hygiene measures including hand sanitizers and protective equipment were available throughout the building. The current cleaning methods minimised the risk of cross contamination and the centre was clean and odour free on the day of inspection.

Moving and Handling

All staff had up to date training in manual handling. A moving and handling assessment was available for each resident. The Person in Charge told the inspector that there was sufficient equipment available for assisting in moving and handling residents.

Emergency plan

An emergency plan had been developed which contained procedures to take in the event of loss of heat, water or light, fire or flood. Contingency arrangements were in place should the need for evacuation of residents arise.

Missing person's profiles

A missing person policy was in place to guide and inform staff should a resident be reported as missing. Recent photographic identification was available for each resident, however a missing person's profile was not available for all residents documenting any distinguishing features and familiar places that residents may try to access.

Judgement:

Non Compliant - Minor

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

At the time of the last inspection the inspector found that the prescription sheets and administration sheets reviewed were not clear. Regular, short term and PRN (as needed) medication were all grouped together and not easily distinguished. The 24 hr clock was noted on some prescription sheets and the 12 hr clock was noted in use on a sample of the administration sheets. All of these areas had been reviewed and a new system for prescription and administration documentation had been developed. The 24 clock was in operation in all medication documentation reviewed.

The inspector reviewed the medication management policy and found that policies were in place, to ensure guidance to staff from ordering, prescribing, storing and administration of medicines to residents, however the policy did detail procedure in place for disposal of medication, for example when a resident was deceased. The inspector accompanied a nurse on the medication round. Photographic identification was available for each resident to ensure the correct identity of the resident receiving the medication, and to reduce the risk of medication error. The inspector found that, the nurse was knowledgeable regarding medication in use. Medications that require strict control measures were kept in a secure cabinet, nurses kept a record of all controlled drugs and when the inspector checked a selection of MDA drugs found them to match the record.

While the PIC informed the inspector that three monthly reviews by the general practitioner of medication were occurring, this was only clearly documented in some files reviewed.

Judgement:

Compliant

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The required notifications were provided to the Authority. The inspector reviewed the notifications received and found that the accident and incident record reflected the notifications that had been submitted. The PIC was aware of the time lines for serious and less serious incidents.

Judgement:

Compliant

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

Outstanding requirement(s) from previous inspection:

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

Findings:

At the time of the last inspection the inspector found that audit findings were not collated into reports with copies made available to the residents or their representative as required by the regulations. This action remained outstanding. The inspector found on this inspection that the system for quality assurance and continuous improvement required development to ensure robust procedures were in place to ensure the data collected was analysed for trends and actions were implemented to ensure enhanced outcomes for residents and to ensure that residents were made aware of the results of the findings of the audits.

The Inspector found from communicating with residents and relatives during the inspection and from questionnaires returned to the Authority that there was a good level of satisfaction in respect of the service provided and the facilities. Comments included, "I have no reason to complain, the care and staff are very good", "we are always made very welcome, we can visit at any time" Residents views included "can speak to any of the staff any time and they are great ", " the meals are lovely".

Most residents stated that if they had a concern/worry or complaint they would speak to the PIC or the provider.

Judgement:

Non Compliant - Minor

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

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector found that a good standard of nursing care was provided to residents. Residents reported that they were very well cared for. There were no residents with pressure ulcers on the day of inspection. At the time of the last inspection there was limited documented evidence of residents or their representative's involvement in the discussion, understanding and agreement to their care plan when reviewed or updated in files reviewed. The inspector found on this occasion that this had been partially addressed. While there was evidence available of involvement of the resident or their significant in the development and review of their care plan, this was only by way of a signature. There was no narrative note that a discussion had taken place with the resident particularly where a resident is cognitively impaired to try and ensure that the resident understands in broad terms the nature of the care to be provided. A record of the residents' health condition and treatment given which was linked to the care plan was completed twice daily. The person in charge described good access to general practitioner (GP) services. There was access to allied health professional services including physiotherapy, occupational therapy, dietician and speech and language therapy services. A chiropodist attended the service regularly. Audiology services were arranged as required via GP referral. Eye checks were also arranged as required. There was access to the local palliative care team.

From an examination of a sample of residents' care plans, discussions with residents, relatives and staff the inspector was satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. For example, there was information which detailed residents' choices with regard to daily routines, risk assessments such as dependency, moving and handling, falls, use of bed rails, nutrition, continence and the risk of pressure sores.

However, the care plans required further work to ensure they provided guidance to staff in the delivery of person centred care to residents and reflected the advice of allied health professions input. While there were care plans in place for emergency medical situations for example status epileptics, these care plans required review to ensure they detailed a high standard of evidence based nursing practice.

The PIC informed the inspector that there was no resident who could potentially display behaviour that challenges at the current time. She confirmed that there was good access to mental health services and the community mental health nurse visited the centre as requested.

From the pre inspection questionnaires and from talking with residents the inspector saw that there were opportunities for residents to participate in meaningful activities, appropriate to their interests and preferences. These included bingo, exercises, crafts and festive themed events. Mass was available monthly.

Judgement:

Non Compliant - Moderate

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

Outstanding requirement(s) from previous inspection:

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

Findings:

There are seven multiple-occupancy bedrooms which accommodate four residents in each. An action with regard to this was contained in the action plan from the inspection in 2012 and 2013. These actions requested that the provider have in place a plan to provide private accommodation for residents in accordance with the Authority's Standards. The provider has submitted a plan for an extension of 12 single rooms, one twin room and a day room on the first floor. All of which have full en-suite facilities. Single rooms range from 12-17sq metres and the twin room is 22.15 square metres.

Currently the seven multi occupancy rooms are all a similar size of approximately 37 square metres including a full en-suite of shower toilet and wash-hand basin. In two of the bedrooms, accessibility to use a hoist by two beds was limited due to the bed layout configuration. The provider had put measures in place to protect the privacy and dignity of residents, privacy curtains were in place around all beds and locks were in place on all en-suite doors. No resident uses a commode in these bedrooms, (where a resident requires a commode they are accommodated in the single rooms).

Storage space was adequate with a wardrobe and locker available for each resident. In five of the seven multi occupancy rooms there is place for a chair at the side of the bed also. A call bell system was available and within easy reaches of each bed. Two of the seven rooms are not of a suitable size or layout to meet the needs of four residents who

would require a hoist for transfer.

There are an inadequate number of suitable accessible baths/showers to meet the needs of residents. There are two showers for 25 residents. There are two hand washing sinks in each multi-occupancy room. the provider has commenced refurbishment of a room to provide a further shower.

The visitors' room does not provide a private space as there is no door on this area and it is located directly off the corridor. The Authority's regulatory notice with regard to Premises and Physical Environment was forwarded to the provider post inspection.

Judgement:

Non Compliant - Major

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

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector reviewed the complaints procedure and noted it did not meet all the requirements of the Regulations. While the complaints policy had been reviewed since the last inspection it required further review to ensure it complied with Regulation 39 - Complaints procedures. The Person in Charge was identified as the complaints officer but no second person was nominated as the person to review the complaints records to ensure that complaints were appropriately responded to and that records of the complaint were maintained. An appeals process had been identified in the complaints procedure. The provider was identified as the independent appeals person.

The inspector viewed the record of complaints. Two complaints were recorded for 2013 and none for 2014. The PIC stated that she did not record verbal complaints that were addressed in a swift time scale. She stated that she and the provider were on site most days and if there was any dissatisfaction communicated from residents or relatives they would immediately try to resolve. For the two complaints recorded the outcome of the investigation undertaken and if the complainants were satisfied was recorded.

Residents and relatives mostly identified the person in charge or the provider and as the personnel they would complain to should the need arise. Many residents and relatives said they did not feel the need to complain and stated such things as "I have no need to complain, there is nothing to complain about. the staff look after me well".

Judgement:

Non Compliant - Minor

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

At the time the inspection there were no residents receiving end of life care. An end of life policy was in place. The centre had three single rooms. The PIC stated that residents would be offered a single room when nearing end of life but there was no protected facilities for end of life care. Family members usually stayed with their loved one in the single room or in the visitors' room.

While the spiritual designation of residents was recorded in all care files, minimal wishes with regard to end of life had been recorded for some residents. The PIC stated that she was aware that more work was required in this area and had recently completed a course in end of life care to assist her to develop this area. The PIC confirmed that there was good access to palliative care services.

Judgement:

Non Compliant - Minor

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents were provided with food and drink in quantities adequate for their needs. Resident's weights were recorded according to the clinical status of the resident. Nutritional intake of residents at risk nutritionally was being monitored, but this requires

review to ensure there is accurate recording of amounts and types consumed by residents to ensure that these provide a reliable tool for assessment and monitoring and are of therapeutic value. Additionally, nutritional monitoring, for example food and fluid charts were not reflected in the care plans.

The inspector met with the chef. He was knowledgeable regarding residents' likes, dislikes and special dietary needs. He told the inspector that when an admission of a resident was planned, a nurse initially told him about any specific dietary requirement. A record of this information was maintained in the kitchen. He stated that he observed whether the residents' food was returned to the kitchen and if it was he would personally check with them as to the reason why. He told the inspector that some resident's meals were fortified and residents were also being prescribed supplements where necessary. He had overall control of the stores and confirmed that he could access any food he required. Birthday parties and special events were celebrated, with home baking available daily. The kitchen was open 24hrs per day and snacks were available.

The inspector observed the serving of lunch and saw that the food was served in an appropriate manner and residents spoken with were complimentary of the food. Comments such as 'the food is good, we get lots of it, it's always good' were made by residents. Adequate staff were in attendance to provide appropriate support and assistance to residents.

Judgement:

Non Compliant - Minor

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was evidence of a good communication amongst residents and the staff team. Residents were dressed appropriately and looked well cared for. A residents' committee was in place and meetings were held every fortnight. There was a good attendance at these. Minutes were available for residents who did not attend. There was evidence available that where issues were raised these were addressed. At the most recent meeting a resident suggested that they should have fish and chips for evening tea on a Saturday, this was discussed by residents who all agreed it was a good idea. Menus were being reviewed and the inspector was told that this would be incorporated.

The PIC and provider chatted with residents and relatives as they went around the centre. Residents who were able to communicate with the inspector stated that they were happy in the centre. Residents' religious, political and religious rights were respected. The provider confirmed that residents would be able to vote in the upcoming election if they so wished.

Residents had access to a variety of national and local newspapers. The Person in Charge told the inspector that there was no independent advocate available to the centre but that the activities co-ordinator acted as an advocate for the residents.

Judgement:

Compliant

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

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was adequate space provided for residents' personal possessions. Residents could have a locked drawer facility in their bedrooms if they so wished. There were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents.

Judgement:

Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

Outstanding requirement(s) from previous inspection:

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

Findings:

On this visit the inspector was satisfied by observing practice, reviewing the rota and taking account of the resident profile, adequate nurse staff levels were available to meet the needs of residents. The provider has increased staff nurse levels, and there are now two nurses on duty from 08:00 hrs to 20:00hrs. Systems of communication were in place to support staff to provide safe and ensure appropriate care. There were two handovers each day to ensure good communication and continuity of care from one shift to the next.

Staff files

The inspector examined the documents to be held in respect of four persons working at the centre and found that the provider had not put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 (this includes verified Garda vetting) of the Regulations have been obtained in respect of each person. While all staff files had verification of Garda Síochána vetting, documents missing proof of a person's identity, a full employment history together with a satisfactory history of any gaps in employment, three written references including a reference from a person's most recent employer (if any) evidence that the person is physically and mentally fit for the purposes of the post that they are to perform at the designated centre.

Day Staff levels

At the time of this inspection there were 46 residents living in the centre, 21 of whom were maximum dependency, 12 were high dependence, 8 were medium dependency and 5 were low dependence. Residents had a mixture of age related medical conditions and cognitive impairment.

From an examination of the staff duty rota, communication with residents and staff the Inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. The inspector observed good interactions between staff and residents who chatted with each other in a relaxed manner. The inspector noted that residents were supervised in communal areas at all times during the inspection and there was adequate staff in the dining room at lunch time to ensure residents were assisted in a timely fashion. Staff spoken with were knowledgeable of residents' individual needs.

The staffing levels were reflective of the planned and actual roster for the day. From review of additional rosters past and planned the inspector noted that these were the standard staffing levels. The PIC informed the inspectors that when staff were off sick or on leave that they were replaced by staff who worked part-time

The person in charge was on duty supported by one nurse and eight care assistants to deliver care to residents up to 14:00hrs. This decreased by one carer post 14:00hrs. Catering, activity administration and household staff were also rostered.

Night staff levels.

One nurse and two carers were rostered from 21:00 until 08:00hrs. The PIC and

provider were of the opinion that this provided adequate staffing. There was no evidence available of more accident and incidents or any complaints from relative or residents with regard to this practice. The inspector spoke with the provider and person in charge of the requirement to keep night staffing levels under review especially if they increase numbers to their full compliment.

All Staff had received mandatory training and other courses with regard to nutritional care. The Inspector found that the personal identification number (PIN) to confirm registration with An Board Altranais was available for all staff nurses rostered.

Judgement:

Non Compliant - Minor

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 all the people who participated in the inspection.

Report Compiled by:

Mary McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Harbour Lights Nursing Home
Centre ID:	ORG-0000345
Date of inspection:	23/04/2014
Date of response:	09/06/2014

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 requires greater detail with regard to accuracy of staffing compliment and with regard to meeting the religious needs of all denominations and how the centre would respond to emergencies. It also required review to reflect the accuracy of the service provided, for example the SOP stated that a home care service was provided in the community but the provider confirmed that this was an error.

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).

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

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

We have developed a comprehensive Statement of Purpose which ensures full compliance with current legislation.

Proposed Timescale: 19/05/2014

Outcome 02: Contract for the Provision of Services**Theme:**

Leadership, Governance and Management

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

A sample of residents' contracts of care did not detail the services to be provided or the fees payable and were not dated. A scale of charges for items not included in the fee for example hair dressing was not available to residents for their information.

Action Required:

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

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

Our contract of Care has been amended as per Regulation 28 (2) which ensures each residents contract deals with the care and welfare of the residents and includes the details of the service provider for that resident and fees to be charged.

Proposed Timescale: 19/05/2014

Outcome 04: Records and documentation to be kept at a designated centre**Theme:**

Leadership, Governance and Management

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

The directory of residents did not comply with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended as it failed to detail the name and address of any authority, organisation or other body, which arranged the resident's admission to the designated centre. It also failed to document the marital status of all residents.

Action Required:

Under Regulation 23 (2) you are required to: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) 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:

The Residents Directory is now set up in line with Schedule (3), paragraph of the Health Act 2007, Regulation 2009 amended.

Proposed Timescale: 19/05/2014

Theme:

Leadership, Governance and Management

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

All policies listed in Schedule 5 of the Regulations were available but some required review, to ensure they provided clear guidance to staff of the procedures to follow to ensure the delivery of safe quality care to residents. The nutritional policy required review to ensure it detailed the procedure to follow with regard to monitoring nutritional intake. The risk management policy required further review in order to comply with current legislation – this is discussed under outcome 7.

Action Required:

Under Regulation 27 (2) you are required to: Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

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

All operational policies are reviewed in Harbour Lights yearly, currently we are reviewing the policies which required review to ensure they provided clear guidelines to staff of the procedures to follow to ensure the delivery of safe quality care to residents.

The nutritional policy has now been reviewed to ensure it detailed the procedure to follow with regard to monitoring nutritional intake.

Proposed Timescale: 19/05/2014

Outcome 06: Safeguarding and Safety

Theme:

Safe Care and Support

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

While there was a policy on adult protection which provided guidance for staff with regard to the management of an allegation of elder abuse it did not detail the procedure on how to manage an allegation of abuse against a senior member of the management team.

Action Required:

Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

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

We currently updated this policy which details the procedure on how to manage an allegation of abuse against a senior member of the management team.

We have a policy and procedure for the prevention, detection and response to abuse.

Proposed Timescale: 19/05/2014

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:

While policies for some specific risks which are required by the regulations including residents going missing, managing aggression were available in separate policies, no overall risk management policy was available.

There was no procedure documented with regard to arrangements for accident investigation and learning to ensure understanding for all staff to minimise the risk of repeat occurrence.

Action Required:

Under Regulation 31 (2) (d) you are required to: Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

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

All accidents are documented and a 3 monthly audit is conducted in order to identify risks, subsequently interventions are carried out so that such risks are reduced.

Staff are informed about the arrangements of accident investigation and learning to minimise the risk of repeated occurrence.

Proposed Timescale: 19/05/2014

Outcome 10: Reviewing and improving the quality and safety of care

Theme:

Effective Care and Support

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

At the time of the last inspection the inspector found that audit findings were not collated into reports with copies made available to the residents or their representative as required by the regulations. This action remained outstanding.

Action Required:

Under Regulation 35 (2) you are required to: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.

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

We are currently in the process of reporting the audit findings with copies made available to the resident and their representative as required by the regulations.

Proposed Timescale: 19/08/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective Care and Support

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

The care plans required further work to ensure they provided guidance to staff in the delivery of person centred care to residents and reflected the advice of allied health professions input. While there were care plans in place for emergency medical situations for example status epileptics, these care plans required review to ensure they detailed a high standard of evidence based nursing practice.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

We have individual care plans for all residents, we are currently reviewing all care plans to ensure that they are detailed to a high standard of evidence based nursing practice and to ensure they provide guidance to staff in the delivery of person centred care to residents.

Proposed Timescale: 19/08/2014

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 are two showers for 25 residents.

Action Required:

Under Regulation 19 (3) (j) part 4 you are required to: Provide sufficient numbers of baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

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

Another shower room will be provided to ensure effective care to residents as set out under Regulation 19 (3) (j) part 4.

Proposed Timescale: 19/11/2014

Theme:

Effective Care and Support

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

In two of the bedrooms accessibility to use a hoist by two beds was limited due to the bed layout configuration.

Action Required:

Under Regulation 19 (3) (f) you are required to: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

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

As Registered Provider I feel that the size and layout of the rooms occupied by residents are suitable for their needs and dependency.

Each room has screening provided to ensure privacy for personal care, has lockable storage space and is furnished in accordance with the comfort, safety and assessed needs of the resident.

Please see attached a report from the Occupational Therapist and also an architectural floor plan of the rooms in question.

Proposed Timescale: 06/06/2014

Theme:

Effective Care and Support

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

The visitors' room does not provide a private space as there is no door on this area and it is located directly off the corridor.

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:

Privacy screening will be added to the visitors room to provide adequate communal accommodation for residents.

Proposed Timescale: 19/08/2014

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The Person in Charge was identified as the complaints officer but no second person was nominated as the person to review the complaints records to ensure that complaints were appropriately responded to and that records of the complaint were maintained.

Action Required:

Under Regulation 39 (10) you are required to: Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

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

We nominated a second person to review the complaints records to ensure that complaints are appropriately responded to and that records of the complaints are maintained.

Proposed Timescale: 19/05/2014

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

While the spiritual designation of residents was recorded in all care files, minimal wishes with regard to end of life had been developed for some residents.

Action Required:

Under Regulation 14 (2) (d) you are required to: Identify and facilitate each residents choice as to the place of death, including the option of a single room or returning home.

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

We are reviewing the End of Life Care which identifies and facilitates each resident's choice as to the place of death, including a private room facilitated or returning home.

Proposed Timescale: 19/08/2014

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

Nutritional intake of residents at risk nutritionally was being monitored, but this requires review to ensure there is accurate recording of amounts and types consumed by residents to ensure that these provide a reliable tool for assessment and monitoring and are of therapeutic value. Additionally, nutritional monitoring, for example use of food and fluid charts were not reflected in the care plans.

Action Required:

Under Regulation 20 (2) part 6 you are required to: Provide each resident with food and drink that takes account of any special dietary requirements and is consistent with each residents individual needs.

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

Nutritional intake of residents at risk are reviewed to ensure that there is an accurate recording amounts and to ensure that these provide a reliable tool for assessment and monitoring.

Food and fluid charts are now reflecting in their care plans.

Proposed Timescale: 19/05/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The provider had not put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 (this includes verified Garda vetting) of the Regulations have been obtained in respect of each person.

Action Required:

Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

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

We have a recruitment selection and vetting policy in place, we are currently obtaining physical and mental fitness certificates from those who don't have it, and a full and satisfactory information and documents specified in Schedule 2 of the Regulations.

Proposed Timescale: 01/08/2014