

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rathkeevan Nursing Home
Centre ID:	OSV-0000271
Centre address:	Rathkeevin, Clonmel, Tipperary.
Telephone number:	052 618 2000
Email address:	rathkeevinnursing@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Drescator Limited
Provider Nominee:	Liam Long
Lead inspector:	Louisa Power
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	55
Number of vacancies on the date of inspection:	6

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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration 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:
12 November 2014 09:50	12 November 2014 21:20
13 November 2014 07:30	13 November 2014 15:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
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

The inspection was an announced renewal of registration inspection that took place over 2 days and was the sixth inspection of the centre by the Authority. As part of the inspection process, the inspector met with residents, relatives, visitors and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, risk management documentation and staff records. The documentation submitted by the providers as part of the application process was submitted in a timely and precise manner and was also reviewed prior to the inspection including questionnaires completed by residents and relatives; the feedback was positive and is referenced in the body of the report.

There had been a recent change to the person in charge which had been notified to the Authority in a timely fashion. Based on an interview, observations and these inspection findings, the person in charge was suitably qualified, experienced and was deemed to have the required authority, accountability and responsibility.

Overall, the inspector found that the person in charge ensured that residents' medical and nursing needs were met to a good standard. Residents looked well and cared for, engaged readily with the inspector and provided positive feedback on the staff, care and services provided. The inspector found evidence of good practice in a range of areas. The person in charge and staff all interacted with residents in a respectful, warm and friendly manner and demonstrated a thorough knowledge of residents' needs, likes, dislikes and preferences. The inspector observed that improvements had been made in the areas of health and safety and human resources.

Improvements were identified to enhance the substantive evidence of good practice and to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Improvements were identified to enhance the substantive evidence of good practice. The required improvements are set out in detail in the action plan at the end of this report and include

- Audit and quality improvement
- documentation
- risk identification and assessment
- medication management
- care planning, development, implementation and review
- provision of activities that meet residents' needs, interests and capacities.

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 2013 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. All items listed in Schedule 1 of the regulations were detailed in the statement of purpose. The inspector noted that the statement of purpose was made available for residents, visitors and staff to read. The statement of purpose had been reviewed in August 2014.

The written statement of purpose described a service that provided care in "a safe, homely and comfortable environment". The inspector observed that the ethos of care as described in the centre's statement of purpose was actively promoted by staff.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was evidence of a clearly defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas

of service provision. The person in charge was supported by a general manager who took responsibility for the non-clinical management of the centre. The inspector observed a good working relationship between the person in charge and the general manager. In addition, the person in charge stated that she was well supported by the provider nominee. The inspector was satisfied that the management system in place ensured that service provided was safe, appropriate, consistent and effectively monitored.

Staff with whom the inspector spoke were clear about the management structure and the reporting mechanisms. The inspector saw evidence of continued investment in the centre to ensure effective delivery of care in accordance with the statement of purpose including a recent renovation of communal areas and increased staffing complements.

The person in charge informed the inspector that she was working with the general manager to co-ordinate an audit plan for 2015. The results of the regular audits will form part of the annual review of quality and safety of care.

Audits were made available to the inspector from 2014. Audits were completed in pertinent areas to review and monitor the quality and safety of care and the quality of life for residents such as falls, infection prevention and control, pressure areas, manual handling, nutrition and smoking. However, the inspector noted that the majority of audits completed did not identify areas for improvement. There was little evidence of audit recommendations and learning from audit results.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A residents' guide was available which included a summary of the services and facilities provided, terms and conditions relating to residence, procedure respecting complaints and the arrangements for visits. The guide had been reviewed in August 2014 and the inspector saw copies on display at the reception area.

The inspector reviewed a sample of residents' contracts of care and noted that contracts were signed and dated by the resident or their representative within one month of admission. The contract set out the services to be provided, the overall basic fee for the provision of care and services, any monies received from state support schemes and the

residual fee for which the resident was liable as applicable to each resident. Details of any additional services that may incur an additional charge were included.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

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

The person in charge was a recent appointee to the role of person in charge in the centre. She had been previously employed in the centre as a staff nurse for a short period of time. The person in charge was employed full time and was a nurse with more than three years experience in the area of nursing of the older person within the previous six years. The inspector found that she was knowledgeable of the relevant legislation and of her responsibilities under the legislation. The person in charge had retained a strong clinical role in the delivery of services to residents.

The person in charge demonstrated her commitment to her own professional development and education. For example the person in charge had completed courses and attended workshops and seminars in relation to dysphagia, safeguarding and safety, medication management, challenging behaviour, end of life and phlebotomy.

The person in charge demonstrated knowledge of residents, their care needs, and a strong commitment to ongoing improvement of the centre and the quality of the services provided. She was seen and reported to be visible, accessible and effective by staff, residents and relatives. The staff reported that the person in charge was approachable and supportive.

Throughout the inspection, the inspector observed that the person in charge had strong clinical knowledge and leadership. The person in charge demonstrated good knowledge of the relevant legislation and her statutory responsibilities. The person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The records listed in Schedules 2, 3 and 4 of the Regulations were maintained in the centre. All of the key policies as listed in Schedule 5 of the Regulations were in place. There was evidence of ongoing staff education on the operating policies and procedures and staff demonstrated a clear understanding of these policies.

Records were kept securely, were accessible and were kept for the required period of time. Residents' records were kept in a secure place. The inspector found that the system in place for maintaining files and records was very well organised with clear systems in place.

The inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the Regulations.

Residents' records as required under Schedule 3 of the Regulations were maintained. However, some records were not complete. Based on a sample viewed, medication administration records did not accurately record all medications administered and the times administered. The restraint register was maintained but did not include all occasions where restraint was used.

The residents' directory was up-to-date and contained all matters referred to in article 19. Entries to the nursing records were maintained in line with relevant professional guidelines. Daily records were completed.

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

Records relating to inspections by other authorities were maintained in the centre and the inspector viewed documentation relating to food safety and fire safety.

The centre was adequately insured against accident or injury and insurance cover complied with the all the requirements of the Regulations.

Judgment:

Non Compliant - Moderate

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified 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 his/her absence.

Theme:

Governance, Leadership and Management

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

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 provider nominee was 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.

A senior nurse is identified as the person to act as the person in charge in her absence. The general manager is designated to support the senior nurse as required in the non-clinical management of the centre. The senior nurse demonstrated that she had a good understanding of her responsibilities when deputising for the person in charge. The inspector was satisfied that suitable arrangements were in place for the management of the designated centre in the absence of the person in charge.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

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

Findings:

The inspector found that systems were in place to protect residents from being harmed or suffering abuse. Residents were provided with support that promoted a positive

approach to behaviour that challenges. A restraint-free environment was promoted.

The person in charge and all the staff spoken with confirmed that there had been no incidents of alleged, suspected or reported abuse in the centre

There was an organisational policy in place in relation to the protection of vulnerable adults, which had been reviewed in April 2013. The policy was generally comprehensive and evidence based. However, the policy would not effectively guide staff if an allegation was made against the person in charge.

Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Staff with whom the inspector spoke were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. Residents with whom the inspector spoke confirmed that they felt safe in the centre and that they knew who to talk to if they needed to report any concerns of abuse. There was a nominated person to manage any incidents, allegations or suspicions of abuse. Residents and staff were able to identify the nominated person.

The inspector was satisfied that there were transparent systems in place for the management of residents' finances. Complete financial records that were easily retrievable were kept on site in respect to each resident. The inspector saw that an itemised record of charges made to each resident, money received or deposited on behalf of the resident, monies used and the purpose for which the money was used was maintained. Invoices were seen to be all itemised. There was a system in place to verify that residents receive services, which are billed directly to the provider who then charges the resident.

A centre-specific policy in relation to the management of behaviour that is challenging was made available to the inspector and had been reviewed in December 2011. The policy was comprehensive and evidence based. Records confirmed that training was provided to relevant staff in the response and management of behaviour that is challenging.

Care plans demonstrated that there were clear strategies in place to manage behaviour that challenges. Detailed psychiatric assessment had been completed. Staff were able to describe the strategies in use. Strategies demonstrated a positive approach to behaviour that challenges including the use of distraction techniques. Multi-disciplinary input was sought when appropriate.

In relation to restraint practices, the inspector observed while that bedrails and lap belts were in use. The use of bedrails and lap belts followed an appropriate assessment. The inspector noted that signed consent from residents was secured where possible and the use of bedrails was discussed with residents' representatives as appropriate. Multi-disciplinary input was sought when planning the use of restrictive procedures. There was a centre-specific policy on the use of resident restraint, which included a direction to consider all other options prior to using restraint. The policy suitably detailed the ongoing monitoring and observation of a resident while a bedrail was in place and this was evidenced in practice. A risk-balance tool was completed for residents prior to the

use of a bedrail. However, the restraint register was not complete and this is covered in outcome 5.

Judgment:

Non Compliant - Minor

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

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

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

Findings:

Overall there was evidence that the providers were committed to protecting and promoting the health and safety of residents, staff and visitors.

There was a health and safety statement in place which was last reviewed in August 2014. 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. However, the inspector noted that not all hazards had been identified such as the cords of window blinds, trip hazards at patio doors and the use of a wheelchair without foot rests. Risk assessments had not been completed for these risks.

The inspector saw that there was a comprehensive emergency plan in place, reviewed in October 2013 and covered events such as power outage and water shortage.

The inspector 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. Fire records were comprehensive, accurate and easily retrievable. 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 September 2014. Fire safety equipment is serviced on an annual basis, most recently in July 2014. Emergency

lighting had been serviced annually, most recently in March 2014. Fire drills took place on a monthly basis, either on the day and night shift and all staff had attended a fire drill since the last inspection. Records of daily fire checks were made available to the inspector. These checks included inspection of escape routes, automatic fire doors, smoke alarms and break glass units. Checks of emergency lighting took place on a monthly basis. Written confirmation from a competent person had been submitted prior to the inspection that all requirements of the statutory fire authority had been complied with.

A personal emergency evacuation plan (PEEP) was seen to have been developed for all residents. 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.

A designated smoking room was provided for residents and each resident who smoked was individually assessed. The individualised risk assessments were adequate and there was evidence of the implementation of the identified controls. The risk assessments included assessment of the need for observation or supervision and were reviewed every four months or more frequently if a resident's condition changes. The smoking area was mechanically and externally ventilated, equipped with fire fighting and fire detection equipment, a means to raise the alarm, viewing pane, fire resistant furniture and a fire retardant apron.

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 annually in line with manufacturer's guidelines, most recently in October 2014. Each resident had a personalised manual handling plan which was reviewed every four months or more frequently if a resident's condition changes. The inspector spoke with staff who demonstrated comprehensive knowledge of each resident's personalised manual handling plan and this was evidenced in practice. Hand rails and grab rails were installed throughout the centre.

Infection control practices were guided by a centre-specific policy which had been reviewed in January 2012. However, the policy did not refer to the most recent national guidance in relation to the prevention and control of influenza outbreaks in residential care facilities. 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. The inspector spoke with a member of housekeeping staff. There was evidence of a regular cleaning routine that adequately prevented against cross contamination. A recent outbreak had been managed appropriately and in line with national standards for the prevention and control of healthcare associated infections.

Judgment:
Non Compliant - Minor

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

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

Findings:

The centre-specific policy on medication management was made available to the inspector which had been reviewed in August 2014. The policy was comprehensive and evidence based. The policy was made available to staff who demonstrated adequate knowledge of this document.

Medications for residents were supplied by local community pharmacies. Records were maintained of regular meetings between the person in charge and the pharmacist which demonstrated that the pharmacist was facilitated to meet his/her obligations to residents. The pharmaceutical service provided to residents was discussed at residents' meetings.

The inspector noted that medications were stored in a locked cupboard or medication trolley. The temperature of the medication refrigerator was noted to be within an acceptable range; the temperature was monitored and recorded daily. Medications requiring refrigeration were stored appropriately. Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation.

Staff reported and the inspector saw that no residents were self-administering medication at the time of inspection. The practice of transcription was in accordance with professional guidance issued by An Bord Altranais agus Cnáimhseachais. Where medications were to be administered in a modified form such as crushing, this was individually prescribed by the medical practitioner on the prescription chart.

Records confirmed that appropriate and comprehensive information was provided in relation to medication when residents were transferred to and from the centre.

The inspector saw that medication incidents were identified and reported in a timely manner. There was evidence that learning from medication incidents was implemented. A medication management audit was completed in October 2014. However, the audit did not identify areas for improvement; this is covered in outcome 2.

The inspector noted that medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications. Medication administration sheets were not complete; this is covered in outcome 5. The inspector observed that medication was not administered to a resident at the time prescribed.

Nursing staff with whom the inspector spoke demonstrated knowledge of the general principles and responsibilities of medication management. However, the inspector noted that there was not always identifiable information included for medications supplied in compliance aids; this is covered in outcome 11.

Medications which are out of date or dispensed to a resident but are no longer needed were stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A record of the medications returned to the pharmacy was maintained which allowed for an itemised, verifiable audit trail.

Judgment:

Non Compliant - Moderate

Outcome 10: 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(s):

No actions were required from the previous inspection.

Findings:

The inspector saw that there was a comprehensive log of all accidents and incidents that took place in the centre.

The inspector observed that the quarterly return provided to the Authority did not include all occasions when restraint was used. This was outlined to the person in charge and provider nominee during the inspection. The person in charge submitted the required notifications immediately following the inspection.

Judgment:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

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. In line with their needs, residents had ongoing access to allied healthcare professionals including dental, psychiatry of old age, optical, speech and language, chiropody, physiotherapy and dietetics. The records confirmed that the care delivered encouraged the prevention and early detection of ill health through regular blood profiling, quarterly medication review and annual administration of the influenza vaccine.

The inspector reviewed a selection of care plans. There was evidence of a pre-assessment undertaken prior to admission for residents. After admission, there was a documented assessment of all activities of daily living, including mobility, nutrition, communication, personal care, mood and sleep. There was evidence of a range of evidence based assessment tools being used and ongoing monitoring of falls, pain management, mobilisation and, where appropriate, fluid intake. A personalised care plan was developed for each resident which detailed their needs and choices. 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 four-monthly intervals, in consultation with residents or their representatives.

However, a number of issues were identified in relation to the development, review and implementation of care plans:

- Care plans were not always implemented
- a number of care plans reviewed were generic and not sufficiently personalised. The information in the care plans would not sufficiently guide staff in meeting the needs of the residents as assessed by allied healthcare professionals.
- care plans were not always developed to meet the assessed needs of residents
- care plans were not always updated in line with residents' changing needs

The inspector noted that wound management was in line with national best practice. Wound management charts were used to describe the cleansing routine, emollients, dressings used and frequency of dressings. The dimensions of the wound were documented and photographs were used to evaluate the wound on an ongoing basis.

There was a strategy in place to prevent falls whilst also promoting residents' independence. An evidence-based assessment tool was used to assess residents' risk of falls every four months. Individualised care plans were developed which outlined interventions to reduce falls such as ultra low beds and sensor mats. The inspector noted that the interventions outlined had been implemented. A physiotherapist visited the centre regularly and many residents attended gentle exercise sessions to promote mobility.

As outlined in outcome 9, the inspector examined a sample of compliance aids in use and noted that a compliance aid was not labelled sufficiently to enable identification of individual medicines. Professional guidance issued by An Bord Altranais agus Cnámhseachais states that the ability of the nurse to quickly identify a specific

medication among several medications in a compliance aid is essential to confirm the right medication is being administered.

Residents were enabled to make healthy living choices in relation to exercise, weight control, healthy eating and smoking cessation.

The inspector noted that comprehensive information was provided on transfer to and from hospital. A resident's right to refuse treatment, e.g. transfer to hospital, was respected and documented.

Judgment:

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The centre was purpose built in 2001. The inspector was satisfied that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The premises conformed to the matters set out in Schedule 6 of the Regulations.

The premises is laid out in four parallel and interconnected blocks. The main entrance is wheelchair accessible, leads to a spacious lobby from which the main reception area is accessed. The main reception area contains the nurses' station, a designated smoking room, an oratory, a visitors' room and one of the three available communal rooms; the remaining two communal rooms are located in each of the three interconnecting corridors. There were two dining rooms provided; one large central dining room and a smaller dining room; both overlooking the secure garden areas.

Resident accommodation is provided in 47 single bedrooms and seven two-bedded rooms. All bedrooms have an en suite toilet, wash-hand basin and assisted shower. The size and layout of bedrooms was suited to meeting the needs of residents including those with high dependency needs. Adequate space and storage facilities were provided to residents for personal possession including lockable storage.

A further two toilets, and an assisted bathroom with toilet, wash-hand basin and floor level bath are available. A treatment room, hairdressing room, sluice room,

administration office, laundry, kitchen and ancillary areas, two cleaners stores and staff facilities complete the layout of the premises.

The premises is located on a spacious site that provides for a landscaped area with walkways and three secure patio areas, one off each of the interconnecting corridors.

Internally, the inspector found the premises to be visibly clean, well maintained, adequately heated, lighted and ventilated and in good decorative order. Adequate provision was made for the safe storage of equipment; chemicals and cleaning products were securely stored in locked cupboards. The necessary sluicing facilities were provided and access to high risk areas such as the sluice room and the laundry was restricted. The laundry room was adequate and there was a designated wash hand basing provided.

Circulation areas, toilet facilities and shower/bathrooms were adequately equipped with hand-rails and grabrails. Emergency call facilities were in place that were accessible from each resident's bed and in each room used by residents.

A separate kitchen was provided and was located off the main dining room. The inspector observed the kitchen to be visibly clean and well-organised. There was suitable and sufficient cooking facilities, kitchen equipment and tableware.

Staff were provided with dining, changing, storage, showering and sanitary facilities.

Judgment:

Compliant

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(s):

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

Findings:

The inspector noted that there was a centre-specific comprehensive complaints policy, last reviewed in August 2014. 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 at the reception area and was included in the statement of purpose.

The inspector reviewed the complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. Complaints were seen to be investigated promptly.

Residents and relatives with whom the inspector spoke were able to identify the complaints officer, stated that any complaints they may have had were dealt with promptly and were satisfied with the complaints procedure.

Judgment:

Compliant

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(s):

No actions were required from the previous inspection.

Findings:

The centre-specific policy on end of life care was made available to the inspector and had been reviewed in December 2011. The inspector noted that the policy was comprehensive and evidence based.

The inspector reviewed a selection of care plans of deceased residents and noted that residents had received appropriate care and their physical, emotional, social, physiological and spiritual needs had been met.

Religious and cultural practices were facilitated. Members of the local clergy visited residents on a regular basis. The person in charge confirmed that ministers from a range of religious denominations were facilitated to visit. Access to specialist palliative care services was available on a 24 hour basis from South Tipperary hospice home care team.

The inspector 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. The inspector saw that this information was recorded in the resident's care plan and the care plans were reviewed and updated on a four monthly basis or more frequently if a resident's needs changed.

The inspector noted that any decisions not to attempt resuscitation were seen to be based on clear clinical rationale and discussions and decisions were clearly recorded and reviewed as appropriate.

Family and friends were suitably informed and facilitated to be with the resident at end of life. Overnight facilities were not available for families within the centre but staff stated that family members who chose to remain overnight were made comfortable.

Tea/coffee and snacks were provided and available at all times.

The inspector noted that practices after death respected the remains of the deceased person and family members were consulted for removal of remains and funeral arrangements. Staff with whom the inspector spoke confirmed that staff members and residents were all informed and support was given when appropriate. Residents were offered the opportunity to pay their respects to the deceased resident

The end of life policy stated that personal possessions were returned in a sensitive manner and staff with whom the inspector spoke demonstrated an empathetic understanding of the needs of resident and family at end of life.

Judgment:

Compliant

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(s):

No actions were required from the previous inspection.

Findings:

There were centre-specific policies in place in relation to meeting the nutritional and hydration needs of residents.

The food served was sufficient in quantity, freshly prepared, nutritious and wholesome and was of a good standard. The inspector observed that there was a clear, documented system between nursing and catering staff regarding residents' meal choices and preferences. The inspector spoke with the catering staff on duty who demonstrated comprehensive knowledge of residents' preferences and dietary needs. There was evidence that choice was available to residents for breakfast, lunch and evening tea with respect to menu options and dining location.

A selection of prescription charts were reviewed by the inspector and nutritional supplements were prescribed and administered appropriately. It was observed that every effort was made to present modified diets in an attractive manner.

Breakfast was served to residents between the hours of 07:30 hrs to 09:00 hrs. Residents had a choice for breakfast; hot/cold cereals, eggs, breads, toast and beverages. Lunch was served at 12:30 hrs and the inspector observed the meal to be unhurried and a social occasion. Residents had the choice to dine in the dining rooms, communal rooms or at their bedside. Dining tables in the dining rooms were attractively and invitingly set and a menu for the day was displayed on each table. The inspector

noted that lunch, in sufficient portions, was plated and attractively presented in an appetising manner. Gravies/sauces were served separately if required.

The inspector saw that residents were provided with a range of hot and cold drinks; fresh water was available at all times. Staff demonstrated awareness of residents' preferences and the inspector observed a choice of snacks being made available. Night staff had access to the kitchen to make hot drinks and a light snack for residents.

Residents were encouraged to remain independent and were provided with a range of adaptive utensils to assist the; assistance was offered in a discreet and respectful manner. Gentle encouragement was given to residents who were reluctant to eat. Residents with whom the inspector spoke were complimentary of the meals and snacks served; declaring the food to "good and wholesome". Residents particularly enjoyed the home baked breads, desserts, birthday cakes and confectionery. Residents were provided with adequate dining space with the majority of residents choosing to attend the dining rooms for lunch and evening meal.

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

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

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

Findings:

The inspector found the centre to be relaxed and person-centred. There was a good level of visitor activity noted by the inspector throughout the day and residents with whom the inspector spoke reported that there was no restriction on visitors. There was a designated visitors' room where residents could receive visitors in private.

Residents were consulted about how the centre was planned and run. A monthly residents' meeting had recently been re-introduced and minutes from the two previous meetings were made available to the inspector. Feedback sought during this meeting

informed practice and suggestions, e.g. a change in tea-time and the installation of a wall clock, were seen to be implemented.

Residents' capacity to exercise personal autonomy and choice was maximised. Staff were observed to provide residents with choice and control by facilitating residents' individual preferences in relation to their daily routine, meals and their choice of activities. Residents were facilitated to personalise their bedrooms with photographs and furniture from home. Residents' routines were documented clearly in their care plans and staff were seen to respect these. For example, some residents attended a day centre or went out with for meals or celebrations with family and friends.

Residents are facilitated to exercise their civil, political and religious rights. Residents were conversant in current affairs and reported being afforded the opportunity to vote. Mass was celebrated in the centre on a monthly basis and the advocate facilitated prayer during her regular visits. The person in charge confirmed that ministers from a range of religious denominations were facilitated to visit. An oratory was available to residents for prayer and quiet reflection.

The inspector observed televisions and radios in the communal areas. Residents also had access to televisions in their bedrooms and newspapers were delivered every day. Residents' personal communications were respected and residents had access to a private telephone.

The inspector saw that residents received care that was dignified and 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.

An advocate was available to residents on a regular basis. The advocate facilitated group activities and also met with residents individually. The advocate stated that the person in charge was always very responsive to any concerns or issues that she may raise on behalf of residents. The inspector saw evidence that the advocate was appropriately vetted and articulated a clear understanding of her roles and responsibilities.

Staff with whom the inspector spoke were aware of the different communication needs of the residents. The inspector saw that external professional input had been sought for residents and strategies had been developed to meet the individual needs of residents including the use of aids and equipment. Individual communication requirements were highlighted in care plans and reflected in practice.

The inspector observed that activities were provided for residents including live music, reminiscence and puzzles. The activities schedule was prominently displayed. A number of staff members were licensed Sonas practitioners (a therapeutic communication activity primarily for older people with dementia that focuses on sensory stimulation) and facilitated individual and group sessions. A gentle exercise programme was facilitated twice a week; records of resident participation were maintained and the programme facilitator provided a quarterly report. Residents can opt out of activities if they so wish.

However, the activities available did not reflect the capacities and interests of each individual resident. Each care plan reviewed contained an informative and meaningful personal profile of each resident. Residents' hobbies prior to admission to the centre were not provided for, e.g. literature, comedy and classical music. An assessment was completed of residents' interests and preferred activities but a number of the activities listed were not available in the centre such as ladies' club, massage and bird feeding.

Judgment:

Non Compliant - Moderate

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(s):

No actions were required from the previous inspection.

Findings:

The inspector observed that there was ample storage provided for residents' personal possessions. Each resident also had access to separate locked storage for valuables. A record was kept and maintained of each resident's personal property. This record was updated periodically.

Residents' clothing was laundered on-site and clothing was labelled to ensure that residents' own clothing was returned to them. Residents reported that their laundry was always returned to them.

There was a centre-specific policy on residents' personal property and possessions which had been reviewed in December 2011.

Residents with whom the inspector spoke confirmed that they could retain control over their personal possessions and clothing.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres

Theme:
Workforce

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

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 inspector was satisfied that the staff numbers and skill-mix were appropriate to meeting the assessed needs of the complement of residents accommodated. A "twilight" shift had been recently introduced that provided an additional member of care staff between 16:00 and 22:00. Staff and residents with whom the inspector spoke stated that this had proved to be beneficial.

There was a registered nurse on duty at all times and a record is maintained of current registration details of nursing staff. Staff were observed to competently deliver care and support to residents that reflects contemporary evidence based practice.

A sample of staff files was reviewed and contained all of the required elements. The inspector 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 dysphagia, pain management, continence promotion, medication management and dementia.

The inspector noted that regular meetings took place for nursing and care staff. Topics discussed include shift patterns, infection prevention and control, medication management and training. Staff were supervised appropriate to their role and a formal system of annual appraisal had been implemented.

A centre-specific policy on recruitment, selection and vetting of staff, reviewed in February 2014, was made available to the inspector. The inspector noted that effective recruitment procedures were in place including the verification of references.

Volunteers and those providing services to residents were supervised and vetted appropriate to their role and their involvement in the centre.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Rathkeevan Nursing Home
Centre ID:	OSV-0000271
Date of inspection:	12/11/2014
Date of response:	18/12/2014

Requirements

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

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

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

There was little evidence of audit recommendations and learning from audit results.

Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8

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

of the Act and approved by the Minister under section 10 of the Act.

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

All audits from now on will identify areas for improvement and will include recommendations and actions to be put in place.

Proposed Timescale: 30/01/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Medication administration records were not accurate.

Action Required:

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

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

All Medication Administration records will accurately record all medications administered.

Regular audits will be carried out to ensure this.

Proposed Timescale: 18/12/2014

Theme:

Governance, Leadership and Management

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

The restraint register did not include all occasions where restraint was used.

Action Required:

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

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

The restraint register will record all occasions where restraint is used.

Proposed Timescale: 18/12/2014

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

The policy did not cover situations where the person in charge was the subject of an allegation of abuse.

Action Required:

Under Regulation 08(4) you are required to: Where the person in charge is the subject of an allegation of abuse investigate the matter, or nominate a person who is a suitable person to investigate the matter.

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

The Elder Abuse Policy has been updated to address the situation where the PIC is the subject of an allegation of abuse.

Proposed Timescale: 18/12/2014

Outcome 08: 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:

A number of hazards had not been identified.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

The risk register will be updated to include the hazards identified.

Proposed Timescale: 30/01/2015

Theme:

Safe care and support

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

The infection prevention and control policy did not refer to the most recent national guidance in relation to the prevention and control of influenza outbreaks in residential care facilities

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the

standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

The Infection Control Policy has been updated to refer to the most recent national guidance in relation to the prevention and control of influenza outbreaks in residential care facilities.

Proposed Timescale: 18/12/2014

Outcome 09: Medication Management

Theme:

Safe care and support

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

Medication was not administered to a resident at the time prescribed

Action Required:

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

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

Medication Administration time documented in the prescription was inaccurate. This has been discussed with the G.P of the resident concerned and it has been rectified.

All medications are now administered at the time prescribed.

Proposed Timescale: 18/12/2014

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:

Care plans were not developed to meet residents' assessed needs.

Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Care plans will be developed and updated to meet the residents assessed needs.

Proposed Timescale: 18/12/2014

Theme:

Effective care and support

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

Care plans were not always updated in line with changing needs.

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Care plans will be updated to meet the changing needs of the resident or at a maximum of 4 monthly intervals.

Proposed Timescale: 30/01/2015

Theme:

Effective care and support

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

Care plans did not always integrate the recommendations of allied healthcare professionals.

Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

The PIC will ensure that care plans integrate the recommendations of allied healthcare professionals on an ongoing basis.

Proposed Timescale: 31/12/2014

Theme:

Effective care and support

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

Care plans were not always implemented.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

The PIC will ensure that care is provided in accordance with the residents care plans.

Proposed Timescale: 31/12/2014

Theme:

Effective care and support

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

A number of compliance aids were not labelled sufficiently to enable identification of individual medicines in accordance with professional guidance issued by An Bord Altranais agus Cnáimhseachais.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

The PIC has informed the relevant pharmacist to ensure that the Medication Administration Record (MAR) of this resident is labelled sufficiently to enable identification of individual medicines in accordance with professional guidance issued by An Bord Altranais agus Cnáimhseachais

Proposed Timescale: 18/12/2014

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

Person-centred care and support

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

The activities available did not reflect the capacities and interests of each individual resident.

Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

It is proposed to extend the scope and variety of activities to reflect the capacities and interests of each individual resident. To achieve this it is intended to recruit a full time activities co-ordinator.

In the interim, the existing programme will be expanded to provide an enhanced level of activities

Proposed Timescale: 30/04/2015