

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Hollymount Private Nursing and Retirement Home
Centre ID:	OSV-0000348
Centre address:	Kilrush, Hollymount, Mayo.
Telephone number:	094 954 0232
Email address:	hollymountnursinghome@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Doonaroom Limited
Provider Nominee:	Margaret Hayes
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	34
Number of vacancies on the date of inspection:	2

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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 May 2015 12:00 To: 18 May 2015 18:30

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

Outcome 02: Governance and Management
Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

As part of the inspection, the inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, medical records, policies and auditing systems.

The inspector reviewed the areas that required improvement as identified at the previous inspection and found that some of these areas had been addressed, some had not been suitably addressed and others were in progress. There were issues identified during the inspection relating to auditing systems, health care documentation, medication management and the provision of suitable social interaction to residents.

Arrangements for the safekeeping of residents' valuables, management of nutritional risk, private telephone access and recording of accidents and incidents had been suitably addressed since the last inspection. An upgrade of privacy screening arrangements in bedrooms was in progress.

Evidence of good practice was found in other areas of the service. The building was warm, clean, comfortable and well maintained. There was a variety of communal spaces available to residents. Residents had good access to general practitioner (GP) and health care professionals.

The provider and person in charge stated at the feedback meeting that the issues outlined would be addressed.

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

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

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

Findings:

During the last inspection, the inspector found that the governance and management systems in place were not fully effective in ensuring that the service provided was consistent and adequately monitored. During this inspection this was reviewed and found to have been partially addressed.

The provider and person in charge had identified a range of audits which would be undertaken by July 2015 and some of this auditing had taken place. Auditing of medication management and residents' valuables had been completed and a food and nutrition audit was in progress. The person in charge had also carried out a review of residents' communication needs and said that the information compiled would be used to update care plans.

The person in charge also identified that further audits, including audits of accidents/falls, end of life assessment and care, residents' weights and privacy and dignity would be undertaken in the near future.

However, there was no schedule for the completion of the remaining audits. In addition, the auditing of medication administration had not been fully effective as an issue which had been identified in the medication audit had not been suitably resolved and continued to be occurring in administration sheets viewed at this inspection.

Judgment:

***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):

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

Findings:

This outcome was not reviewed in full at this inspection, but the inspector examined the areas which required improvement at the previous inspection and found that they had been addressed in respect of incident recording and had been partially addressed in respect of health care documentation.

Suitable records of residents' plans of care were not being maintained as required by Schedule 3 of the Regulations. Staff had carried out and documented a range of assessments on residents' health care requirements and had developed care plans based on this information. Although health care interventions were generally informative, some were not recorded in sufficient detail to guide staff in the delivery of care. For example, guidance on hydration was unclear in one care plan stating that a resident should 'drink plenty of fluids' but did not state how much fluid the resident required daily and how fluid intake would be achieved and/or monitored.

There was limited information recorded on residents' personal care plans and in a sample of files viewed the personal care information was somewhat generic and similar for each resident. In addition a resident's care plan and manual handling assessment had not been updated following a fall resulting in an injury.

The inspector read the accident and incident log and found that details of accidents and incidents were recorded in sufficient detail. Information such as treatment after the accident/fall and whether or not these events were witnessed were suitably documented.

Judgment:

Non Compliant - Moderate

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:

This outcome was not reviewed in full at this inspection, but the inspector examined the area which required improvement at the previous inspection and found that it had been satisfactorily addressed.

The arrangements for the safekeeping of residents' valuables had been reviewed and improved since the last inspection. The person in charge held the valuables of several residents for safekeeping. All transactions were witnessed, signed and suitably recorded. Residents' valuables were securely stored and there were arrangements to ensure that residents could access their money as required. The balances of residents' funds had been recently audited by the person in charge and all were found to be correct.

During the last inspection the inspector found that no forms of restraint, such as bed rails, lap belts, restraining chairs or chemical restraints were used in the centre. The person in charge confirmed that this continued to be the case.

The person in charge confirmed that there were no residents with behaviours that were challenging in the centre at the time of inspection.

Judgment:

Compliant

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

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

Findings:

This outcome was not reviewed in full at this inspection, but the inspector examined the areas which required improvement at the previous inspection and found that they had been partially addressed. However, improvement was still required in recording the administration of medication, and guidance on administration of medication, including as required (PRN) medication.

The inspector reviewed the prescribing and administration of medication and found that prescription and administration charts were generally clear, legible and included most of the required information. However, some of the information relating to residents' prescribed medication was not sufficient to guide administration which increased the risk of medication error. On some charts the guidance used by nurses for the administration of medication was not sufficiently clear. The maximum permissible doses of PRN (as required) medication were not clearly indicated on some of the prescription charts viewed.

Some residents required their medication to be administered crushed and in one of the files viewed this had not been prescribed as such by the general practitioner (GP). The person in charge confirmed that this medication had previously been prescribed for crushing. Nurses, therefore, administered crushed medication to a resident which had not been prescribed for administration in this manner.

There was insufficient evidence to confirm that residents' medications were being administered as required. While the majority of medications administered had been signed by nurses to verify this action, on some of the charts viewed, there were gaps in the administration records. Nurses had not always signed to confirm that the prescribed medication had been administered as required and there was no information to indicate that the medication had been withheld for a reason. Therefore it was not possible to establish whether or not residents were consistently receiving their medication as required, which presented a risk to residents' safety.

Some aspects of medication administration had improved since the last inspection. Discontinued medications were clearly recorded and signed as such by the GP.

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:

This outcome was not reviewed in full at this inspection, but the inspector examined the delivery of health care including areas which required improvement at the previous inspection. At the last inspection, the inspector found that while residents' health care needs were generally well met, improvement was required in the management of nutritional risk and this had been addressed.

Since the last inspection staff had been working to improve the information in residents' files and this had largely been suitably addressed. The care plan interventions were being reviewed every three months or as required by the changing needs of the residents. However, some of the care interventions recorded in residents' files did not provide sufficient information to guide staff in the delivery of care and this is discussed in Outcome 5.

The inspector viewed a sample of files of residents with a range of needs such as nutritional issues, falls risk; wound care, risk of developing pressure ulcers and mobility issues. Staff had carried out assessments on residents' mobility, manual handling, skin integrity, risk of falls and nutritional risks and had developed care plans to guide the delivery of care based on these assessments. While reviewing the care plans the inspector found that all residents' weights were being monitored monthly or more often as required. On identification of any changes in residents' weights, staff introduced plans of care including daily food intake chart, referrals to the GP and increased nutritional intake. Residents' weight records were being reviewed every three months by the person in charge to identify trends of concern.

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:

This outcome was not reviewed in full at this inspection, but the inspector examined the areas which required improvement at the previous inspection and found that they had been suitably addressed in respect of private telephone access and partially addressed in respect of provision of suitable recreation for residents. Improvements to privacy screening in bedrooms were in progress.

During the last inspection the inspector found that, while residents were treated respectfully by staff and the management team and their religious and civic rights were respected, there were some environmental issues which could impact on the privacy of some residents. Since then, the provider had taken measures to address these issues. Some residents occupied twin rooms which accommodated two residents. The provider had considered ways of increasing privacy for the residents in these shared rooms. Consequently, she had fitted new curtain rails in the shared rooms which were positioned to ensure that the screening curtains could be fully extended around beds to provide maximum privacy to residents as required. New screening curtains were being made and were due to be fitted in the rooms within the coming weeks.

There was a telephone provided for residents' use which was located in the main reception area. Since the last inspection the provider had constructed a private booth, with seating, where residents could make and receive telephone calls in private. The person in charge explained that residents could also have private telephone lines installed in their rooms for their own use, but none of the present residents had availed of this option.

On the last inspection the inspector found that there was no planned approach for staff integrating with residents in the communal areas. On this inspection, the inspector found that the supervision and provision of social interaction required further improvement. Each afternoon, an organised activity session, such as movie viewings, light exercises, singing and bingo, took place in the centre which residents had the option of attending. However, there were limited social or recreational opportunities provided to residents other than that provided during the group activity sessions.

Although residents' interests had been assessed and identified, this information had not been used to develop individual plans suited to each person's needs and preferences. In addition, there was no plan for the provision of suitable recreational opportunities or therapies specifically suited to residents with dementia.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

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

Findings:

This outcome was not reviewed in full at this inspection, but the inspector examined the area which required improvement at the previous inspection and found that this had been addressed.

On the last inspection the inspector found that there was no planned approach for staff supervising residents in the communal areas. On this inspection, the inspector found that there was a more structured form of supervision of residents in place. One staff member was assigned to supervise the two sitting rooms and the inspector noted that she divided her time between the two rooms during the inspection.

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:

Jackie Warren
Inspector of Social Services
Regulation Directorate

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	Hollymount Private Nursing and Retirement Home
Centre ID:	OSV-0000348
Date of inspection:	18/05/2015
Date of response:	24/06/2015

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 were limited systems in place to review and monitor the quality and safety of care and the quality of life of residents for the purpose of learning and improving the service.

Action Required:

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

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

The auditing system in place outlines the list of audits that remain in the audit schedule for completion in the months Jan -July 2015.

Since the inspection on 18/5/2015 the following audits have been completed

End of Life Care (19/5/2015)

Health and Safety of residents (23/5/2015)

Complaints (29/5/2015)

Accidents (8/6/2015)

Medication management of prescribing PRN medications (22/6/2015)

Three of the listed audits which are outstanding will be completed as follows

Weights as an indicator of well-being (24/6/2014)

Care plans (1/7/2015)

Challenging behaviour management (15/7/2015)

After each audit issues identified for correction will be corrected as soon as possible ie the following day if possible.

When the schedule of audits is complete results will be examined by the PIC and Provider to identify strengths and weaknesses in the quality of the service given to residents. The results of the analysis and any actions required will be communicated to all staff by means of staff notices /written notices by 31/7/2015

The same list of audits will be re-scheduled for re-audit between the timeframe 1st August 2015 to 31st Jan 2016 and compared with each other. The schedule outlined for this period of audit will be more specific with details such as:

1. Date when audit is to be done
2. Who will carry out the audit
3. What is to be audited
4. Timeframe of audit
5. How the audit will be done, ie what to look at?
6. What will be done with results
7. Signature

This will form the basis for on-going review of the quality of the service for residents for 2015.

From 24/6/2015 a dedicated time (2 45pm to 3 45pm) is set aside on a daily basis for the PIC to engage in on-going work on auditing and review of residents documentation.

Proposed Timescale: 31/07/2015

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:

Suitable records of residents' plans of care were not being maintained as required by Schedule 3 of the Regulations.

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:

Residents Care Plans are reviewed 3 monthly by Staff Nurses in discussion with and working with other staff members and the PIC with regard to assessment and content. The PIC is required by regulation to review the Care Plans 4 monthly to ensure that they are informative, up to date and correct. She signs and dates each care plan that the care plan is satisfactory or not satisfactory. This is in place since Feb 2015. Any deficiencies in the care plan identified by the PIC are brought to the attention of the person who reviewed it for correction as soon as possible.

An audit of a sample of resident care plans is scheduled to be carried out on 1/7/2015. Residents Care plans will be examined specifically with regard to all the information required under Schedule 3.

In addition, guidance on the preparation and compilation of personal care plans will be developed to assist in making the information more individual regarding such issues as the personal care of each individual resident. Residents hygiene and appearance are important to them and if residents have preferences with regard to personal care that will be recorded and put in place.

Proposed Timescale: 31/07/2015

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:

There was insufficient evidence to confirm that residents' medications were being administered as required.

Nurses administered crushed medication which had not been prescribed for administration in this manner.

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:

An audit has been carried out on documentation regarding the management of medication with particular reference to the prescribing of PRN medications, timing of administration, and routes of administration and any modification of medications before administration (22/6/2015). The issues identified will be communicated in writing to all Nurses by 30/6/2015.

Any issue with regard to medication management will be dealt with as soon as possible after identification and will be documented as such medication errors by the Nurse responsible. Such errors will be subject to audit.

All nurses will be written to emphasising their responsibility with regard to medication administration and documentation, recording medication errors and all nurses will be given an individual copy of the policy on medication management.

Proposed Timescale: 30/06/2015

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:

There were limited social or recreational opportunities provided to residents other than that provided during the group activity sessions and individual plans suited to each person's needs and preferences had not been developed. There was no plan for the provision of suitable recreational opportunities or therapies specifically suited to residents with dementia.

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:

All residents were given a questionnaire asking them questions with regard to any particular interests that they might have and would like to take part in.

In addition, the Key to Me social profile of each resident was expanded with a series of questions, to try to gather information on their recreational preferences and likes. This new version of "Key to me" will form part of each residents care plan.

This information gathered from both the questionnaire and revised Key to me will be examined by PIC and Provider (31/7/2015) and will be used to plan and compile an activities schedule to try to suit the wishes and preferences of residents. It will also be used to inform informal activities such as card games, newspaper discussion, magazines, walks outside in fine weather, listening to music that are identified as preferences of residents who prefer not to partake in some of the organised activities.

Proposed Timescale: 31/07/2015