

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Haven Wood Retirement Home
Centre ID:	OSV-0000236
Centre address:	Bishopscourt, Ballygunner, Waterford.
Telephone number:	051 303800
Email address:	pdolan@havenwood.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Haven Wood Retirement Villages Limited
Provider Nominee:	Padraig Dolan
Lead inspector:	Caroline Connelly
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	64
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 06 October 2015 09:40 To: 06 October 2015 18:20

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an unannounced monitoring inspection that took place over one day. This was the sixth inspection of Havenwood Nursing Home by the Health Information and Quality Authority's Regulation Directorate.

As part of the inspection the inspector met with residents, the provider, the person in charge, the chairman of the board, the assistant director of nursing, nurses, the physiotherapy staff, administration staff, catering staff, relatives and numerous other staff members. The inspector observed practices and reviewed documentation such as care plans, governance reports, accident logs, policies and procedures and staff files.

The centre was a purpose built 64 bed nursing home which opened in 2007. Residents' accommodation was laid out over two floors and was observed to be bright, spacious and homely. The centre was well decorated and the provider had made a significant effort to recreate a "street scene" on the main corridor by decorating offices as shop fronts, a barbershop and a post office. The inspector spoke to residents and relatives during the inspection. The collective

feedback from residents and relatives was one of great satisfaction with the service and care provided and they were particularly complimentary about the caring and helpful staff. Family involvement was encouraged with relatives and relatives stating they are welcomed at any time. The inspector saw many families visiting during the inspection including a family and friends who had lunch with one of the residents to celebrate a birthday. Residents' comments are found throughout the report.

The inspector was satisfied that residents were provided with suitable and sufficient care taking account of their health and social care needs in a supportive environment. There was evidence of good governance with the person in charge and the provider fully engaged in the operation of the centre and direction of care practices. The person in charge, provider and staff demonstrated a commitment to good quality care delivery and continuous improvement with comprehensive auditing of the service and care resulting in improvements for residents. Issues identified and actions required at the previous inspection were looked into during the inspection and the inspector was satisfied that these had all been addressed and rectified. There were a few areas that required action identified on this inspection in relation to medication management and management of residents finances. These improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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):

No actions were required from the previous inspection.

Findings:

Haven wood retirement home is a purpose built centre and was established in 2007. There are a board of five directors which includes the provider and person in charge who oversee the organisational, financial and management of the centre. The inspector met the chairperson of the board during the inspection. The provider works full time in the centre and knew all the residents and their families. He meets with the person in charge and management team on a formal basis to discuss ongoing management issues for the centre.

The inspector was satisfied that there were systems in place to assess the quality of life and safety of care. The inspector viewed audits completed by the person in charge and staff. Data was being collected on a number of key quality indicators such as medication management, accidents and incidents, infection control, fire safety and risk management, and food safety. The audits highlighted a number of issues and action plans were identified. There was evidence of ongoing improvements following the audit and action plans were followed up on the re-audit.

The inspector saw evidence that as a result of a systematic analysis of incidents in the centre a number of initiatives had been introduced. In relation to falls prevention the physiotherapist had reviewed the patterns of resident falls during the first six months of 2015. A number of initiatives had been introduced including a catch a falling star initiative, this initiative identifies residents at risk of falling and these are highlighted to staff so staff are more vigilant on checks and assistance given to the residents.

There was evidence that the provider had sought regular feedback from residents by means of a yearly satisfaction survey in the past covering issues such as management, menus and the activities provided. The provider had now changed to sending out six satisfaction surveys on a regular basis to ensure they receive ongoing and up to date information from residents and relatives. Based on results from these surveys the

provider had introduced improvements to the service like the provision of a tasting menu for residents in response to questions on meals. There was a suggestion box also in the centre.

The inspector noted that the residents' committee met regularly and minutes of these meetings including the minutes from the most recent meeting held in August 2015 indicated actions were taken in response to issues identified at previous meetings such as outings and activities. The menu and food choices were also discussed and residents were very complimentary about food particularly the desserts.

The provider and person in charge displayed a good knowledge of the standards and regulatory requirements in relation to their relevant roles. They demonstrated an ongoing willingness and ability to ensure compliance with the regulations and the standards.

Judgment:

Compliant

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):

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

Findings:

A number of contracts of care were viewed by inspector. The contracts of care were found to be comprehensive and were agreed and signed within a month of new admissions. The contracts outlined the services to be provided and the fees included in the contract. On the previous inspection although the contract outlined additional services provided in the centre like activities, hairdressing and chiropody it did not detail the additional charges for services, on this inspection additional charges were outlined in the contract.

There was a policy on the provision of information to residents which included the residents' guide. This guide was compliant with the regulations as it contained a summary of services and facilities, the terms and conditions of admission, a summary of the complaints process and the arrangements for visits. The residents guide was seen to be available throughout the centre.

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 person in charge is a registered nurse and the inspectors saw evidence that she was currently registered with the relevant nursing professional body. She has worked in residential care since 1999 and in care of the older person since 2003. The person in charge had been director of care in the centre for a number of years and is also a member of the board of directors of the centre. She was found to be an experienced nurse and manager who was involved in the day-to-day running of the centre and was found to be easily accessible and well know to residents, relatives and staff. Training records confirmed she had kept her clinical knowledge current and showed that she had attended relevant training courses.

The person in charge demonstrated sufficient knowledge to ensure suitable and safe care is provided to residents during inspection. The inspector was satisfied that the person in charge was engaged in the governance, operational management and administration of this centre on a regular and consistent basis.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there were measures in place to protect residents from

suffering harm or abuse. Staff interviewed by the inspector demonstrated a good understanding of elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The inspector saw that elder abuse detection and prevention training was ongoing and training records confirmed staff had received this mandatory training. This training was supported by a policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise.

The inspector also reviewed the systems in place to safeguard resident's finances. The centre maintained day to day expenses for three residents only with all other residents or their families safekeeping their own monies. The inspector saw evidence that complete financial records were maintained and generally financial transaction which involved the receipt or return of monies was signed by the resident and was countersigned by staff however there were a number of transactions seen that had only one staff signature which was not countersigned by the resident. The staff explained that having to sign for money upset the resident, therefore the transactions should be witnessing and signed by a second staff member, however this was not in place and the inspector found that this practice did not fully protect the resident or staff and was not sufficiently robust.

There was a policy on challenging behaviour and the person in charge told the inspector that staff were provided with training in the centre on behaviours that challenge in a variety of different training including dementia training, safeguarding training which was confirmed by staff and training records. There was evidence that residents who presented with any behaviour that challenged were referred to psychiatry of old age or other professionals for full review and follow up. The inspectors saw evidence of positive behavioural strategies and practices implemented to prevent behaviours that challenged.

There was a policy on restraint and the inspector saw that restraints used in the form of bed rails were subject to assessments, regular checks and ongoing review with an aim to reduce bed rails in use. The inspector saw evidence of alternatives such as low low beds and alarm mats and sensors in use in the centre.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

The fire policies and procedures were centre-specific. The fire safety plan was viewed by the inspector and found to be very comprehensive. There were notices for residents and staff on "what to do in the case of a fire" throughout the building and in each residents bedroom. The inspector viewed records which showed that fire training was provided to the majority of staff on various dates in 2014 and 2015. New staff had received fire induction training and were booked to receive full training in October 2015. However training records showed that there were three staff who had not received updated fire training and their last fire training was in 2010 and 2011. There was evidence of a contract in place for the maintenance of fire safety equipment and certificates and stickers on a sample of fire safety equipment viewed by inspectors indicated that maintenance was most recently carried out in December 2014. Certification was available to show that the fire alarm system was last checked in September 2015. Staff interviewed demonstrated an appropriate knowledge and understanding of what to do in the event of fire and that fire drills were being held on a regular basis - the last fire drill was undertaken in June 2015. There was a fire safety register with records of checks verifying that means of escape were free from obstruction these were completed on a daily and weekly basis as scheduled. Emergency exits were seen to be free of obstruction on the day of inspection.

There was a centre-specific health and safety statement in place dated October 2013. There was also a risk management strategy and a register of risks, detailing the precautions in place to control them. Arrangements were in place for investigating and learning from serious/adverse events involving residents. The risk management policy included all the measures and controls in place for specific risks which met the requirements of legislation.

Accidents and incidents were recorded on incident forms and were submitted to the person in charge and there was evidence of action in response to individual incidents. As discussed previously there was evidence of statistics being correlated and appropriate actions taken in response to the findings to further prevent and reduce accidents and incidents.

There was a centre-specific emergency plan that took into account all emergency situations and where residents could be relocated to in the event of being unable to return to the centre. Clinical risk assessments were undertaken, including falls risk assessment, assessments for dependency and assessments for pressure areas and nutrition. The provider has contracts in place for the regular servicing of all equipment and the inspectors viewed records of equipment serviced.

The environment was observed to be very clean and personal protective equipment, such as gloves, aprons and hand sanitizers were located throughout the premises. All hand-washing facilities had liquid soap and paper towels available. There were policies in place on infection prevention and control and staff that were interviewed demonstrated knowledge of the correct procedures to be followed. Hand hygiene training was ongoing and staff demonstrated good hand hygiene practice as observed by the inspector.

The inspector reviewed an up to date policy on manual handling. A patient handling instructor was on the staff who provided moving and handling training to staff. Training records confirmed that staff involved in patient handling had receiving up to date

mandatory patient handling training. The inspector reviewed resident care plans which outlined patient handling assessments and saw evidence that these assessments were updated at least every three months or more frequently based on the changing needs of the resident.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

There was a centre-specific policy on the ordering, prescribing, storing and administration of medicines to residents dated December 2013. The inspectors was satisfied that there were appropriate procedures for the handling and disposal of unused and out of date medications. There was a centre-specific form on returning medication to pharmacy.

The supply, distribution and control of scheduled controlled drugs was checked and deemed correct against the register in line with legislation. Nurses were checking the quantity of medications at the start of each shift. Staff spoken with and the inspection findings supported competency in medicines management practice.

The medication fridge stored medication at the appropriate temperature and there were suitable records available in relation to the regular temperature monitoring of these fridges. Medication-related incidents were reported and followed up appropriately with evidence of improvements implemented as a result of learning. A review of each resident's medication regimen was undertaken and documented by the GP every three months.

Medications were stored and disposed of appropriately in line with An Bord Altranais agus Cnáimhseachais na hÉireann Guidance to Nurses and Midwives on Medication Management (2007). Medication Management practices were subjected to audit and there was an audit of stock also undertaken by pharmacy who dispensed the medication to the residents. The pharmacist also provided education sessions to the staff on relevant issues. A number of residents medication charts were reviewed and based on a sample of prescriptions reviewed the inspector saw and staff agreed that there were issues identified that required immediate review and corrective action. Staff were transcribing medications and this was completed in line with the centres policy in that two staff signed and checked transcribed medications. However the inspector saw that a

number of these transcribed prescriptions were not signed by the GP and therefore were not legal prescriptions for staff to administer from. The person in charge immediately put the original prescriptions with the medication chart for staff to administer from, but the practice of transcribing requires review to ensure all medications are signed by the GP. The inspector also noted that a number of medications prescribed by a GP were not individually signed but just a bracket around eleven different medications and one signature which is not in keeping with safe medication practice.

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):

No actions were required from the previous inspection.

Findings:

The centre was seen to have sufficient General Practitioner (GP) cover and an out of hour's service was also provided by the local doctor on call service. Records confirmed that residents had timely access to GP services and were reviewed regularly by a GP which included regular medication reviews. Residents had the option of care from their own GP and the contact details of the GP of each resident were available at the nurse's station. One of the GP's also visited the centre weekly and as required and saw any resident who needed review. The nurse's station had a GP communication book with issues for the GP's to follow up items like laboratory results or reports from hospital.

Residents had access to a range of other health and social care services. Records were maintained of referrals and follow-up appointments. Chiropody services were provided in the centre on a regular basis and as required, the chiropodist was present in the centre on the day of the inspection. There was a physiotherapy unit located in the centre and physiotherapy was available for assessment and the implementation of treatment plans. Occupational health and speech and language therapy were also available through community services. Consultant geriatrician services were provided from consultants based in University Hospital Waterford as was access to the local mental health services and other specialist services.

The inspector reviewed a selection of care plans residents had assessments completed on admission which included; dependency level, moving and handling, falls risk,

pressure sore risk assessment, nutrition, and mental test score examination. These assessments were generally repeated on a three-monthly basis or sooner if the residents' condition had required it. The staff demonstrated an in-depth knowledge of the residents and their needs. There was evidence of ongoing monitoring of incidences involving residents including trips, slips and falls. Inspectors noted that residents' weights were also monitored and recorded at a minimum each month and more often if required. There was evidence that the care plans were reviewed at least every three months and reflected any change to resident's care and there was also evidence in the care plans of residents having been consulted in relation to their care provision.

There were centre-specific policies and procedures in relation to wound care and wound assessments were evident in care plans for residents with ulcers or wounds. There were also wound management plans available that included the monitoring of the healing of pressure ulcers and recording the care provided. These wound care plans assisted staff in obtaining precise information about the size, shape, colour and progress of these wounds and provided ongoing scientific assessment and measurement of the wound and wound bed. Therefore there was ongoing evidence of improvement or deterioration of the wound.

Residents and relatives said they were satisfied with the healthcare services provided. Documentation in place indicating that information about residents was provided and received when they were absent or returned from another care setting, home or hospital.

The inspector saw that residents were involved in the menu planning. The staff demonstrated an in-depth knowledge of the residents likes and dislikes. Meal times were seen to be person-centred and assistance was given in a sensitive and dignified manner. There were a number of residents who required specialist diets and modified consistency diets, there was evidence of input from the speech and language therapist and detailed meal plans were seen to be in place. The food was seen to be nutritious with adequate portions. The inspector observed that residents had access to fresh drinking water at all times.

The centre employed a full time activities coordinator who was observed baking apple tarts with residents on the morning of the inspection. The residents were seen to be enjoying the baking later with afternoon tea. There was an exercise group running in the afternoon. There was a full seven day schedule of activities including flower arranging, singing, music and a cinema evening. The inspector saw in residents' care plans that the activities coordinator had completed a "key to me" profile with each resident. This profile gave a detailed description of a person's life, where they had lived previously, where they had worked and what interests they had. The activities coordinator then tailored relevant activities for the person and their interests.

Judgment:
Compliant

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):

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

Findings:

The centre was a purpose built 64 bed nursing home which opened in 2007. Residents' accommodation was laid out over two floors and was observed to be bright, spacious and homely. The centre was well decorated and the provider had made a significant effort to recreate a "street scene" on the main corridor by decorating offices as shop fronts, a barbershop and a post office. There were a number of lounge areas on both floors which were well furnished and comfortable and allowed for space to relax and receive visitors in private.

Entry to and exit from the building was electronically secured with notices in place advising visitors to be vigilant of the safety and security of residents. There was restricted access to hazardous areas such as stairwells, sluice rooms and service areas in the basement. The inspectors reviewed the centre policy on CCTV and there were notices indicating that CCTV cameras were in operation on external doors and internal corridors only.

On the previous inspection there were a number of issues identified that required action. One of the issues identified as requiring action was the repair of a strip of flooring leading from the activities room to the dining room. The inspector observed that the repairs had been undertaken. The pantry area in the dining room was also observed to have a large hot water boiler, two toasters and a coffee maker. This area was accessible to residents but a risk assessment in relation to a burn hazard for residents was not available at the time of the previous inspection. This was in place on this inspection. In the dining room on the first floor window blind cords were not secured and a risk assessment of the hazard of residents becoming entangled in the window blind cord was not available. On this inspection the inspector observed that the window blind cords had been secured. On the previous inspection it was identified that in the enclosed garden there were not any grab rails externally which meant access to the gardens was a potential falls risk for residents. On this inspection grab rails were in place.

In general the inspector found the premises to be well maintained with suitable lighting, ventilation and under floor heating. There was a full time maintenance officer on site and the maintenance log showed regular maintenance conducted and suitable repairs recorded. The inspector reviewed up to date service records for hoists, wheelchairs,

assisted bath and mattresses.

The centre was observed to be bright, furnished to a high standard and clean throughout. There were appropriate pictures, furnishings and colour schemes. There was plenty of communal space and the design of the building allows freedom of movement for residents to walk around and choice as to where they spend their time. The bedrooms were found to be much personalised with photos, flowers, furnishings, residents own furniture and rugs. Residents were very complimentary about their homeliness of their rooms and the centre.

There were enclosed and external gardens which were spacious and well maintained. Seating is provided there for residents and their visitors. There is ample parking space provided for residents, staff and visitors.

Judgment:

Compliant

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

Theme:

Person-centred care and support

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

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

Findings:

The inspector saw, and residents confirmed, that they were encouraged to personalise their rooms. Residents' bedrooms were comfortable and many were personalised with residents' own furniture, pictures and photos. Plenty of storage space was provided for clothing and belongings and lockable space was also provided. The inspector saw that there was a labelling system in place to ensure that residents' own clothes were returned to them from the laundry service on site.

On the previous inspection the inspectors reviewed a policy on residents' personal property and possessions dated December 2013. This policy required that all residents' property would be itemised and a list retained in the residents' records. However, the policy did not require staff to update this property list. Inspectors reviewed five care plans and the property list was absent from four care plans reviewed. On this inspection up to date property lists were available for residents.

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 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:

There was evidence of good staff recruitment practices. There was a policy for the recruitment, selection and vetting of staff which included induction, appraisal and an employee handbook. There was evidence of comprehensive induction for new staff. Residents spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity.

Staff demonstrated an understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents.

There was evidence of good communication amongst staff with staff attending handover meetings. There were regular staff training and education sessions which often took place following handover and staff told the inspector that numerous relevant issues were discussed during this time. The provider and person in charge attended handover on a number of days per week.

Based on the review of the staff rota inspectors were satisfied that there were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. There was evidence that at least two nurses were on duty at all times. There was also evidence of the provider responding to residents' needs in relation to staffing by employing health care assistants to assist residents between 19:00 hrs and midnight. The inspector saw evidence of good supervision for staff at all levels in the organisation.

There was a staff performance and appraisal policy in place. The inspector reviewed a sample of staff files and saw completed annual appraisals in each file. For newly recruited staff inspectors saw an appraisal completed at one month, three months and six months. All appraisals dealt with performance but also included a training needs analysis for each staff member. Staff confirmed to inspectors that they had been supported in accessing continuing professional education by the person in charge. Staff files viewed were seen to contain all the requirements of legislation.

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:

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate



Action Plan

Provider's response to inspection report¹

Centre name:	Haven Wood Retirement Home
Centre ID:	OSV-0000236
Date of inspection:	06/10/2015
Date of response:	23/11/2015

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 07: Safeguarding and Safety

Theme:

Safe care and support

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

Resident financial records were not sufficiently robust.

1. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

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

The Centre holds "pocket-money" for 3 residents at the request of the resident or relatives. This is given to residents when required/requested, i.e. going to the local church for Mass on Sunday. Two of the residents countersign any monies given to them with the Financial Controller. The family of the remaining resident requested that we refrain from asking the resident to sign as it may cause confusion.

The Centre will in future will have the monies given to this resident countersigned by a senior member of staff along with the Financial Controller.
The policy will be that 2 signatures of staff members will be required.

Proposed Timescale: 23/11/2015

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:

Not all staff had up to date fire training.

2. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

On review of the database on training, the 3 members of staff personnel file were reviewed.

1 member had been to fire training on the 1/11/2014 and had a certificate on file for attendance. The Centre's database was incorrect.

2nd member had been to fire training on the 31/1/2013 and had a certificate on file for attendance. The Centre's database was incorrect.

3rd member – database was correct and therefore the staff member had missed the various scheduled courses run during the preceding time period.

All staff files to be reviewed and database updated accordingly.

Fire training arranged to be run during the month to ensure compliance.

Proposed Timescale: 30/11/2015

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:

The transcribing and prescribing of medications required review.

3. 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:

As the inspector stated, the back up to the transcribing was available immediately on resident's records, and put into the medication kardex files, and a corresponding note inserted into the doctors books for completion of signatures.

Nursing staff have been asked to keep original proof of prescriptions located with kardex's until the doctor has signed the kardex.

All GP's attending will be asked to sign drugs individually.

Proposed Timescale: 23/11/2015