

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Rush Nursing Home
<b>Centre ID:</b>	OSV-0000155
<b>Centre address:</b>	Kenure, Skerries Road, Rush, Co. Dublin.
<b>Telephone number:</b>	01 870 9684
<b>Email address:</b>	rushnursinghome@mowlamhealthcare.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Mowlam Healthcare Services
<b>Provider Nominee:</b>	Pat Shanahan
<b>Lead inspector:</b>	Leone Ewings
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	53
<b>Number of vacancies on the date of inspection:</b>	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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 21 January 2016 10:00 To: 21 January 2016 14:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Major

**Summary of findings from this inspection**

This was an unannounced monitoring inspection by the Health Information and Quality Authority (the Authority). The purpose of the inspection was also to review matters arising from the registration renewal inspection carried out on 11 February 2015, and to follow up on unsolicited information. An action plan update was requested from the provider on 13 January 2016.

The major non-compliance relating to suitable staffing had only been partially addressed since the last inspection by the provider. The care staff levels and skill mix included - one nurse, one unregistered nurse (awaiting NMBI registration to practice as a nurse in Ireland), and 10 care assistants. The centre was operating to full capacity, and three residents were in hospital.

A warning letter was issued on 22 January 2015 for the provider to address this non-compliance to the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). A satisfactory response was received from the provider and this was reviewed.

There was evidence of recruitment of staff nurses since the last inspection, however, staffing rosters reviewed did not confirm adequate skill mix in terms of having two registered nurses on duty 24 hours a day, in line with written assurances given by the provider in the last action plan response. Improvements relating to skill mix, staff records and staff supervision was required.

As part of the inspection, the inspector met with residents, relatives and staff members, observed practices and reviewed documentation such as policies and procedures, medication records and reviewed risk management processes.

The inspector found that some improvements had taken place since the last inspection. Staff were observed to be responsive to residents' needs, and were respectful and offered choice. Overall, inspectors found that residents expressed satisfaction with care and supports available to them to the inspector.

A total of 4 Outcomes were inspected, and followed up, and one outcome was now in full compliance. One outcome - Records was substantially compliant, however, further improvements were now required. Medication management had improved but further improvements relating to practice were found on this inspection.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. Four actions are the responsibility of the registered provider to address, and one action is the responsibility of the person in charge.

**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 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:**

The inspector reviewed the action plan update submitted, and all additional information submitted further to the last inspection and found some improvements had taken place. Staff were now completing and maintaining written checklists in terms of specific care needs as assessed.

The staffing rosters were not accurately maintained in terms of names of staff working both registered and unregistered staff. Further to a review of staff records, including rosters and personal identification numbers issued by Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland), one staff member on the nursing roster currently did not hold a registration. The inspector was informed by the person in charge that this staff member was in a process of registering, however, this was a recurrent non-compliance in terms of Schedule 2 documentation requirements.

The medication policy had been updated on 21 February 2015 further to the last inspection to inform and guide nursing staff with regard to management of drug omissions. The inspector confirmed that quarterly audits now took place, and revised documentation was in place and reviewed. Quality and governance meetings held also included a review of medication omissions and errors.

**Judgment:**

Substantially 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):**

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

**Findings:**

Improvements relating to documenting drug errors in line with policy had been fully addressed by the person in charge and provider. A revised system of documentation supported the current medication policy which had also been reviewed since the last inspection in February 2015. A written record was now maintained with the facts relating to any error and the actions to mitigate any further risks, including a review by the person in charge of all incidents. The resident's General Practitioner was notified in a timely manner of any drug errors, refusals or omissions.

An established system of medication audit took place to monitor practices at the centre. The review process for any medication errors/adverse incidents was fully discussed at the quality and governance meetings which last took place during November 2015. However, further to this inspection the inspector found that on the first floor medication was not being signed for after administration, in a timely manner each time a resident took it on the morning medication round. This was not fully in line with current guidance from Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland). In addition one nurse was administering medication and the second nurse was signing as having administered at a later time, this practice requires review. Evidence that all nursing staff had read the revised medication policy was not found.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

The provider and person in charge had fully addressed this non-compliance further to the last inspection.

The inspector saw and heard residents being offered choices during the morning regarding drinks and snacks, and also observed this during the lunch service. Residents confirmed choices available to them relating to food and drinks at mealtimes. A copy of the written menus also confirmed that choices were available. The person in charge could evidence that she spoke to all staff with regard to the importance of offering choice to residents in minutes of staff meetings.

**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):**

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

**Findings:**

The inspector found that the assessed number of registered nurses and skill mix was not consistently in place, and was not fully in line with the action plan response from the provider. The response to this recurrent non-compliance was not found to be adequate to ensure that centre was safely operated.

The inspector met with staff and reviewed current and past staffing rosters. A discussion was held with the person in charge to ascertain how the non-compliance had been addressed, and she confirmed the provision of additional staff over the summer, however, this improvement had not been maintained to date. Reasons for staff turnover and difficulties recruiting were cited by the person in charge.

The statement of purpose states that eight registered nurses (RN's), the clinical nurse manager and person in charge are the nursing complement. The rosters confirmed that six nurses, the clinical nurse manager and person in charge were in place. One unregistered nurse and records of shifts worked for by agency RN's were also on the

staffing roster. Thirty six of the 56 residents had maximum or high levels of assessed dependency. The minimum direct care hours on the last inspection were 198 hours per day, however, the records on roster for the two previous weeks ranged from 166 hours to to a maximum of 197 hours per day. This had not increased since the last inspection.

The person in charge confirmed she kept the dependency and assessed needs monitored and recorded this in the record keeping system. The dependencies had not decreased since the time of the last inspection according to the person in charge. Three residents were in hospital at the time of the inspection. A detailed review of the last three weeks rosters was completed by the inspector. On the day of the inspection two nurses were working at the centre, and were managing the centre. The person in charge was off site completing a pre-admission assessment.

The minimum day and night-time staffing requirement had been determined as two nurses and two care staff on duty over 24 hours, with one nurse required on each floor. The rosters confirmed that the planned staffing was not fully implemented by the provider in 7 out of the previous 17 days and nights reviewed and evidenced by staffing rosters provided. On five occasions three staff were on duty at night, and on three occasions an unregistered nurse worked in place of a staff nurse at night.

In addition, the management hours of the person in charge and the newly appointed clinical nurse manager (14 management hours per week) were examined. The clinical nurse manager had also worked to cover annual leave of the person in charge. The person in charge confirmed that regular agency nurses were also used when required on days and nights, or failing this an extra care staff member was on duty. However, this arrangement did not meet the assessed needs of the residents as there were insufficient staff with the appropriate skills, qualifications and experience on duty at these times, based on the size, layout and dependency of residents.

Unsolicited information regarding the lack of staffing particularly at night time had again been brought to the the attention of the Authority prior to the inspection which was discussed with the person in charge and the person attending the inspection on behalf of the provider. The person in charge confirmed that there had not been any complaints relating to staffing since the last inspection, however, she was unable to fully access the records held electronically to evidence this.

The centre was also recruiting to fill vacancies for nurses, the inspector was told by the person in charge. There was evidence that two recently recruited staff were on duty on the day of the inspection. Staff nurses as rostered did not all have current registration with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland). One staff was awaiting this registration at the time of the inspection but had been rostered as part of the nursing complement. Overall it was found that staff were appropriately supervised.

A training programme was in place, the person in charge was requested to submit the records of mandatory staff training requirements, including resident safeguarding.

Staff spoken with all reported that they felt supported and supervision was provided to staff. Staff were generally knowledgeable about policies operating within the centre,



apart from the revised medication policy as referenced in Outcome 9.

**Judgment:**

Non Compliant - Major

**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:***

Leone Ewings  
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 report<sup>1</sup>

<b>Centre name:</b>	Rush Nursing Home
<b>Centre ID:</b>	OSV-0000155
<b>Date of inspection:</b>	21/01/2016
<b>Date of response:</b>	29/02/2016

### 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 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:

Details of current registration with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) were not available for inspection.

#### 1. 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

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

the Chief Inspector.

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

Details of current registration with An Bord Altranais (Nursing & Midwifery Board of Ireland) are in place for all registered nursing staff and available for inspection.

**Proposed Timescale:** 22/01/2016

**Theme:**

Governance, Leadership and Management

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

Staff rosters were not fully maintained with full names of registered and unregistered nursing staff.

**2. 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 records set out in Schedules 2, 3 and 4 are available for inspection by the Chief Inspector. Staff rosters now clearly show the full names of all registered nurses and the pre-registered nurse. The pre-registered nurse is listed separately from the registered nurses and the roster is marked to indicate that she is a pre-registered nurse.

**Proposed Timescale:** 25/01/2016

**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 being administered in line with medication management policy and Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland).

**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:**

All medication is administered by a registered nurse and the medication charts are signed by the nurse who administered the medication, in line with An Bord Altranais guidelines on medication management and in accordance with the centre's policy on safe administration of medication.

All medicinal products are administered in accordance with the directions of the prescriber for each resident and in line with advice from the pharmacist regarding the appropriate use of the medicinal product.

**Proposed Timescale:** 25/01/2016

### **Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

The number and the skill mix of registered nurses on duty on days and nights was inadequate to meet the assessed needs of the residents.

**4. Action Required:**

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

The number and skill mix of registered nurses on duty on days and nights is based on the number and dependency of residents with due regard to the size and geographical layout of the centre. The current complement of staff nurses should enable the provision of two registered nurses on days and two registered nurses on nights; there are occasions where one registered nurse and one pre-registered nurse are on duty. If in emergency situations where a nurse is sick or unavailable at short notice and an agency nurse is not available, we will ensure that all medication rounds are undertaken by two nurses and we will roster additional HCA hours to cover the shortfall. Pre-registered Nurses will not administer medication unless supervised directly by a Registered Nurse, who will counter-sign the medication chart and be accountable for all medications administered. The centre is currently recruiting an additional registered nurse and this will enable us to reduce the need for agency nurses to cover short-notice absenteeism as well as providing cover for holiday relief.

**Proposed Timescale:** 31/03/2016

**Theme:**

Workforce

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

The staff in place was not in line as outlined in the statement of purpose.

**5. Action Required:**

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

The number of staff is based on the assessed care needs of the residents.

There are 4 nurses rostered for direct care per day in the home, excluding the Director of Nursing. There are currently 11 Healthcare Assistants required each day.

There are currently six registered nurses, a full time agency nurse and two nurses awaiting confirmation of NMBI PIN. The two pre-registered nurse PINs are expected by 4th March 2016. One nurse has recently been recruited and is expected to start by 31st March 2016.

All nursing shifts are covered and full supervision of pre-registered nurses is in place as outlined in our response. All HCA shifts are covered.

The Director of Nursing is providing clinical leadership in the home and is supporting the performance and development of the current CNM, who has been recently appointed. The Director of Nursing is focusing on strengthening the nursing experience and clinical expertise and providing additional support and supervision to nurses and carers.

We also plan to replace two Care Assistant posts with Social Care Practitioners (SCPs) in the near future (by 30/04/16). These positions will be filled by people with a graduate qualification in Social Care Work and experience in care of older people. The appointment of Social Care Practitioners will facilitate a greater emphasis on social care of residents, which will provide a balance to the traditional medical model of care, where the key emphasis is on health.

**Proposed Timescale:** 30/03/2016