

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Aras Bride Nursing Home	
Centre ID:	0310	
Centre address:	Creggs road	
	Glenamaddy	
	Co. Galway	
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Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public	
Registered provider:	Aras Bride Teo	
Person in charge:	Mary Mylotte	
Date of inspection:	14 October 2009	
	15 October 2009	
Time inspection took place:	Day 1 Start: 10:45 hrs Day 2 Start: 09:30 hrs	Completion: 18:15 hrs Completion: 13:00 hrs
Lead inspector:	Mary Costelloe	
Support inspector(s):	Marguerite Gordon	
Type of inspection:	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced	

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but, there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

Acknowledgements

Inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

About the centre

Description of services and premises

Aras Bride is a two-storey building converted from a private dwelling house with a single-storey, purpose built, extension to the rear of the building.

It was established in 1991 and has 27 places providing respite and long-term care for older people. There were 23 residents present at the time of the inspection. The main entrance is at the side of the building. There is a large dayroom which can be divided in half using a folding partition and two dining rooms as well as a small oratory.

Accommodation for residents is mainly provided on the ground floor. It consists of four single rooms, two twin bedrooms and four four-bedded rooms. En suite shower and toilet facilities are provided in one single room and all four-bedded rooms. There is one additional assisted bathroom with a bath, shower and toilet provided separately. A chairlift leads to the first floor accommodation which includes one single room, one twin room, a separate bathroom and a storage room.

Residents have access to a small landscaped garden which contains some seating. This garden area, which is not enclosed, is located outside the main entrance beside the car parking area. The main entrance is wheelchair accessible and there is ample car parking for visitors and staff.

Location

Aras Bride nursing home is located in the centre of Glenamaddy town in County Galway.

Date centre was first established:	1991
Number of residents on the date of inspection	23

Dependency level of current residents	Max	High	Medium	Low
Number of residents	13	10	0	0

Management structure

The Registered Providers are Fionnola Walsh, Nuala Geraghty and Bridie Raftery. The manager (for administration) is Aileen Geraghty who reports directly to the registered providers. The acting person in charge is Mary Mylotte and she reports to the manager and the registered providers. Staff nurses, care assistants, and domestic staff report to the manager. The care assistants are “multi-task attendants” who undertake cleaning and laundry tasks along with providing direct care to residents.

Mary Mylotte informed inspectors that she is currently the acting person in charge, although she does not have a managerial role and staff do not report to her.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on-duty on day of inspection	0	1 (Acting person in charge)	2	2	1	1	0

Summary of findings from this inspection

This was the first inspection made by the Authority to this centre, it was an announced inspection carried out over two days. Inspectors met with residents, relatives, the person in charge, the manager, the providers and staff on-duty. They observed practice and reviewed documentation such as residents' records, medication prescribing and administration charts, staff rotas, staff training records, and equipment maintenance records.

Overall, while there were some areas where there was evidence of good practice, inspectors had concerns that the centre did not meet the requirements of a number of the standards as set out in the *National Quality Standards for Residential Care Settings for Older People in Ireland* or the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

There were significant concerns specifically in relation to management and leadership. The former person in charge had left in August 2009 and the position was presently being filled in an acting capacity. The acting person in charge did not have a job description and was not given the authority, or the responsibility, to fulfil the duties of the role as required in the regulations. Following the inspection, the providers were asked to meet with inspectors to discuss the appointment of a full-time person in charge.

Inspectors noted the physical environment was generally clean and comfortable. The communal areas in particular were found to be appropriately furnished and the décor was pleasant with rooms and furniture domestic in character. Staff members were seen to know residents well and inspectors observed positive interactions between staff and residents. Residents' healthcare needs were seen to be met.

However, there were further significant concerns about staffing levels, roles and skill-mix. In addition, the acting person in charge was the only nurse on-duty. There were other serious concerns in relation to the premises, specifically regarding the lack of cleaning rooms, unsuitable laundry and sluice facilities, absence of a smoking room and visitors' room and lack of storage space for equipment.

Inspectors identified some improvements required in relation to developing meaningful socialisation for residents, in seeking and facilitating residents' views and in the day-to-day running of the centre.

The Action Plan at the end of this report identifies areas where improvements are required in order to meet Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Residents' and relatives' comments

Residents

Inspectors interviewed six residents and received completed questionnaires from a further three residents.

Residents generally expressed satisfaction with the care they received. Some comments included; "The nursing home is very good", "Things are generally very good here" and "there is always someone to care for me".

Residents spoke highly of staff and stated that "staff are very nice and kind to us", "the head nurse is the nicest person you could meet", "the nurses and carers look after us very well, you couldn't get better anywhere", "all the staff are local and I know them all, they're great", "they give me a shower once or twice a week, they ask me or I can ask them", "I can have a shower anytime I want one".

When asked about the food, residents replies included; "we get very good food, we always get what we like", "the food is very good, if I don't like something I'll get something else", "wonderful food, you couldn't beat it".

Residents stated they felt supported in maintaining their independence, comments included; "I'm slow to dress myself but, I get help if I want it, I need time and I get plenty of it", "I get myself up at 8.30 am, they help me to get dressed", "when I came here I was unable to do anything for myself, but now I am given the time to do most things for myself".

There was general satisfaction with the laundry service, with residents stating that "my clothes get washed here, they never get mislaid, I have labels on them", "good service, my clothes never go missing".

Residents reported feeling safe, for example; "I feel safe here, I didn't feel so safe at home because my health isn't good", "I feel safe here because there is always someone here if I need something".

When asked if there was anything they would like changed or done differently, some residents replied "I have to ask a few times for anything I need", "there are times you would be left waiting for things, but they are very busy", "I get a bit bored sometimes" and "I would like the heat on more often".

Relatives

The inspection team received two completed resident/carer questionnaires prior to inspection. Three relatives also spoke with inspectors during the inspection.

Relatives generally agreed that they were satisfied with the level of care and attention their relatives were receiving. Comments included; "We are very happy with the centre, staff are very caring and nice, the food is excellent", "They go out of their way, they are so good to mother", "Staff are absolutely wonderful, very friendly, it's like home away from home", "The nurses are great, they always call the general practitioner (GP) promptly".

Relatives expressed general satisfaction with the laundry, stating that laundry getting mislaid is not an issue.

When asked what their thoughts were about the number of staff on-duty, relatives comments included; "When it comes to caring for the elderly, there is never enough staff, but I must say staff do their best at all times", "I would say more staff would be of benefit", "I would like to see more staff employed, a few hours of physiotherapy would enhance life for the residents as would a few hours of chiropody", "I feel they need more staff for helping residents to get up".

Some relatives commented on what they would liked changed, which included; "More activities for residents", "To have an electronic lock provided at the front door", "To have a wash hand basin for visitors provided at the front door, information on MRSA and appropriate training on same".

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

The acting person in charge and the manager were aware of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and *National Standards for Residential Care Settings for Older People in Ireland*. Copies of these documents were available in the nurses' office.

Fire policies and procedures were reviewed by inspectors and fire training records indicated that the most recent fire safety training took place in July 2009. Records indicated that all fire fighting equipment was serviced in June 2009. The fire alarm system had been serviced in July 2009. Fire safety signs were clearly displayed.

A health and safety statement which included risk assessments for all areas of work was reviewed by inspectors and found to be comprehensive and up-to-date.

The directory of residents was reviewed by inspectors and found to be in compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Some improvements required

The statement of purpose was based on the *National Quality Standards for Residential Care Settings for Older People in Ireland*, but did not contain all the information required in schedule 1 in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Inspectors reviewed a number of policies including nutrition and hydration, complaints, privacy and dignity, prevention of abuse and medication management. However, these policies were found to be generic and not specific to the centre. In addition, the policies had not been communicated to staff and did not inform day-to-day practice. The person in charge told inspectors that she had no input into the development of the policies.

The complaints policy reviewed by inspectors did not contain an independent appeals process and no complaints procedure was displayed for residents' information.

The accident/incident log book was reviewed by inspectors. Details of accidents and incidents were maintained only in an informal, hand-written notebook. The outcomes of accidents and incidents were not recorded. There was no ongoing monitoring or auditing of accidents and therefore, there was no potential for learning and improving practice.

Significant improvements required

The former person in charge left in August 2009. The acting person in charge told inspectors that she was currently filling the post in a temporary capacity, until a suitable person was recruited. She told inspectors that the providers had asked her to deputise as person in charge, as she was the longest-serving nurse there. However, she had not been given the authority or responsibility to fulfil the duties of this role, as required in the regulations.

The person in charge stated that she was concerned to be deputising in the role of person in charge. She was aware of her legal obligations and was concerned that she was not fulfilling them as set out in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. She did not have a job description or a supervisory role and she was not involved in the management of the centre. She also confirmed that she was not involved in the planning or drawing up of staff rotas. She told inspectors that her responsibilities were that of a staff nurse, which included delivering care to residents and the administration of medications.

Inspectors were informed by the manager that there was no emergency plan in place. This created a potential risk in the event of an emergency such as flooding or a loss of power

The procedure for the management of residents' finances was examined by inspectors. Inspectors were advised that the accounts of six residents were being managed by the centre manager. The manager outlined to inspectors that any monies remaining after nursing home fees were paid were used to purchase clothing, underwear, toiletries, and cigarettes for those residents. Monies were also used to pay for services such as chiropody and hairdressing. There were no records or receipts maintained for payment of those individual purchases or services.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Inspectors observed the dining experience for residents. Residents were offered a varied, nutritious, diet. Some residents required special diets or a modified consistency diet and these needs were seen to be met. The choice, quality and presentation of the meals were seen to be of a high standard and confirmed by inspectors sampling the food. Staff and residents told inspectors, that snacks and drinks were accessible throughout the day and night from the kitchen if required.

Residents were observed having their meals in two bright dining rooms and there was a relaxed atmosphere. The dining rooms were comfortable and tastefully decorated with old-style dressers, pictures, a large wall clock and fresh flowers. The table settings were attractive with table mats, condiment sets, sugar bowls and milk jugs. Residents were given adequate time to eat and staff were seen to sit beside residents who required assistance to eat. Staff also encouraged other residents to eat independently. Staff were observed communicating and interacting well with residents during meal times.

Inspectors found that staff had a detailed knowledge of residents which informed the daily routine of care provision, and ensured that each resident's personal needs and preferences were met. Residents confirmed that they can get up and go to bed when they so wish, have their meals in their room, and have showers or baths when they want. Inspectors observed that the privacy and dignity of residents was respected. Screens were fully closed around residents' beds when personal care was being delivered in shared rooms. Staff were noted to respectfully address each resident by their preferred name and spoke patiently and in a clear manner.

Many of the more independent residents exercised choice as to how they spend their day. The programme of activities included light exercise, board games, card games, music and dance. Weekly mass also takes place. Some residents spoke about how they liked to spend time in their rooms listening to the radio or have a quiet time in the oratory. Other residents were noted walking in and out of the centre without restriction and spending time sitting outside.

The person in charge described how residents could avail of hairdressing services as required, these were usually provided on a monthly basis.

Inspectors were advised by the manager that the library and local community centre were located a short walk away. One resident told inspectors that he went to the library on a regular basis. Staff advised inspectors that residents are encouraged to attend local events in the community such as concerts and Christmas parties held in the community hall. Relatives interviewed confirmed this.

Some improvements required

Although some opportunities were provided for recreation and social engagement for some of the more independent residents. There was no individual assessment on which to base a person-centred plan to ensure meaningful fulfilment for all residents. This meant that residents were not offered a programme of things to do informed by their preferences. Throughout the inspection, some residents with higher dependency levels were observed sitting for long periods of time in their rooms without any meaningful stimulation or conversation.

Inspectors were advised by residents and staff that all breakfasts were served to residents in bed by the night staff irrespective of their personal preference. Breakfasts were served between 7.30 am and 8.00 am. Residents did not have the choice of where they had their breakfast or at what time they received it.

Residents and relatives stated that they were generally satisfied with the laundry services. However, inspectors noted that not all items of clothing were labelled. Staff reported spending a lot of time trying to sort laundry to ensure it was returned to the right resident.

Significant improvements required

Inspectors observed communal toiletries on the bath trolley and in the main bathroom. Unlabelled toothbrushes were stored in the same container in shared rooms. This practice was not respectful of residents' dignity and was not in-line with best practice recommendations in infection control.

Minor issues to be addressed

Inspectors observed that some residents required a serviette at mealtimes which was not provided.

The screens between beds in shared rooms were too short in length to ensure complete privacy for residents.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Inspectors spoke to and accompanied the nurse on the afternoon medication round. On the day of the inspection, safe practices were observed in the administration, recording, and storage of medications. Medications requiring strict controls were appropriately managed.

All residents had access to GP services. Residents could choose to keep their own GP after admission if they wished and an out-of-hours GP service is available. The medication charts confirmed that all medications were prescribed in accordance with the regulations and reviewed on a two-monthly basis.

In addition to GP services, a chiropodist visits monthly. Staff reported that arrangements were in place for an optician to visit and all residents eyes were tested annually.

Inspectors reviewed the residents' records. Documentation was found to be reflective of residents' needs. Care plans were comprehensive, individualised, personalised and were recently reviewed. Documentation included an assessment of the resident on admission and relevant biographical details. Each resident had six core care plans, such as personal care, social participation, daily life/promotion of choice, safety, food and night care plan. Daily nursing notes were also maintained. Individualised risk assessments were carried out, for example in relation to falls and pressure sores. Residents' weight was measured and recorded on a monthly basis.

Some improvements required

Residents did not have access to support services such as physiotherapy, occupational therapy, dietician, audiology and dental care.

Significant improvements required

Inspectors noted when reviewing the accident log book that medication had been administered to one resident following an accident during which the resident had received a head injury. The entry in the accident book read "one gram of paracetamol given for slight soreness, tolerated well". However, there was no record of this medication having been prescribed by the GP and no record of the medication

having been administered in the medication administration chart posing a risk to the safety and wellbeing of the resident.

Residents' records were reviewed by inspectors. One resident was recorded as having had weight loss of three kilograms in a one month period recently. There was no evidence of nutritional assessment undertaken for this resident and there was no reference to this weight loss in the care plan. There was no evidence that this resident had been referred to the dietician or GP for review. Inspectors noted that a nutritional assessment had not been undertaken for all residents and therefore, there was no means of identifying those residents who might become nutritionally compromised.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

The premises was found to be clean and warm throughout. The main entrance area was welcoming and furnished with side tables, lamps, pictures and arm chairs. Inspectors found that the main day room was warm and bright and there were two large fireplaces at either end of the room. There were several tables, lamps, plants, and photos of residents around the room. The bookshelf contained a variety of books, jigsaws and board games. A small oratory was located opposite the day room. Many residents commented on how much they enjoyed spending reflective time there alone.

Inspectors found the kitchen to be well equipped and maintained in a clean condition. A food safety management system was in place. Staff had received food hygiene and food safety training in 2007. Hand sanitisers were evident at the front entrance area and in a number of locations throughout the premises. A pest control service contract was in place.

There was a small landscaped garden outside the main entrance door. Garden benches were available for residents to sit and relax. Residents were observed sitting outside enjoying the garden and chatting with other residents and visitors. Residents confirmed they enjoyed the garden and liked being outside.

Adequate assistive equipment was provided to meet the needs of residents, such as hoists, stair lift, pressure relieving mattresses and cushions. The hoist and stair lift were maintained with up-to-date service records.

Some improvements required

Inspectors were informed that there was no maintenance service contract in place for equipment such as electric beds, mattresses, suction machine and nebulisers.

One bedroom was observed by inspectors to be very dark and the glass in the window pane was opaque. Residents were unable to see out the window and unable to see what the weather was like outside. The inadequate natural lighting in the room meant that the main light had to be turned on throughout the day of inspection.

Inspectors noted that one bed was located in front of the wardrobe in one bedroom. Staff and residents confirmed that they were unable to access the wardrobe due to the location of the bed. Staff reported that they had to move the bed in order to get access to the wardrobe. The size and layout of the room did not allow for the bed to be located in a position which would allow easy access to the wardrobe.

Significant improvements required

Inspectors found that there was no cleaning room available. Cleaning chemicals were stored in unlocked presses in the store room and the open sluice room, some of the bottles were not labelled. These chemicals were accessible to residents and visitors. There was also a danger of unlabelled chemicals being misused.

Inspectors observed that there was no hand washing facilities provided in the sluice room for staff to use. The bed pan washer was out of order and staff reported that this had been the case for more than 12 months. The manager was unable to confirm if it was going to be repaired or replaced.

The laundry room/ linen store was viewed by inspectors, they found that it was unsuitable and inadequate in size. There was no natural ventilation, no sinks or hand washing facilities provided. There were no racks or worktops for sorting and drying laundry. Clean linen was being stored on shelving beside bags of soiled laundry and the washing machine.

Inspectors noted there was limited private space for residents and visitors to talk and there was no smoking room for residents. Residents were observed to smoke in their bedrooms and outside the front door area. A strong smell of cigarette smoke was evident in the corridors. Residents confirmed that the lack of a dedicated smoking room and the absence of a visitors' room impacted on their choice, comfort and ability to have quiet time alone or with relatives.

Inspectors found that the storage space for equipment was inadequate. Four commodes and the dressings' trolley were stored in the main bathroom. Several walking frames and wheelchairs were stored in the dayroom. A hoist was stored in front of a fire exit door. This resulted in restricted space for residents in those areas and also impacted on fire safety as the fire exit door was blocked. There was no staff changing facilities provided. This resulted in staff having to change in the toilet or wear their uniforms to and from work. This posed a risk of cross infection.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

It was observed that staff and residents knew each other very well, good communication was evident between them. Residents told inspectors that they knew staff on a first names basis and they could approach or ask any staff member for assistance if they required it. Staff addressed residents courteously, by their preferred name and were patient in allowing them time to respond.

Inspectors observed the menu clearly displayed in each dining room. The head chef stated that she was aware of residents' likes and dislikes and was able to tell inspectors about those residents who required special diets and those who required modified consistency diets.

National newspapers were delivered on a daily basis. Regional newspapers were delivered weekly.

Some improvements required

The person in charge and staff confirmed that there was no advocacy programme or relative/resident group in place to ensure the residents' rights and needs were represented and protected. There was no process in place for staff to elicit the views of those residents who had difficulty with communication.

The residents' guide/ brochure was reviewed by inspectors. The guide did not contain all the information as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Staff were not involved in the formulation of local policies. This lack of involvement represented a missed opportunity for communication and collaboration between staff and management.

Significant improvements required

The acting person in charge told inspectors that formal staff meetings were not held. The acting person in charge advised inspectors that communication between staff took place informally on a daily basis. Staff stated that they had no formal means of communicating with management and no means of raising issues which might be of concern to them.

The manager stated that there had been a recent management meeting, but minutes had not been recorded. The acting person in charge stated that she had not attended the meeting.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on-duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

Training records reviewed by inspectors confirmed the provision of ongoing professional development. Records indicated that most staff had received training in detecting and reporting abuse in May 2009. One nurse had attended a medication management course and the acting person in charge had attended an infection prevention and control programme and received training in delivering palliative care. Ten members of staff were currently undertaking FETAC Level 5 healthcare support programme.

Some improvements required

Staff on-duty told inspectors that they had received orientation from another staff member on commencement of employment. The manager informed inspectors that there was no formal induction programme provided by management for staff.

Significant improvements required

The manager advised inspectors that new staff had not received training in fire safety and evacuation or in moving and handling. The manager informed inspectors that training in relation to the aforementioned was scheduled for new staff on the 31 October 2009.

There was no staff recruitment and vetting policy available. The manager showed inspectors hand written guidelines and procedures for recruitment of staff. The guidelines were unsigned and undated. The requirement for Garda Síochána vetting was not included.

Inspectors reviewed staff files. Evidence of Garda Síochána vetting and other required documentation was not provided, as set out in schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Inspectors found that staffing levels were inadequate and the skill-mix of staff was not based on the dependency levels or assessed needs of residents. There was one

nurse and two care assistants on-duty at the time of inspection. The acting person in charge was the nurse on-duty. Staff rotas were reviewed and confirmed that usually there was one nurse and two care assistants on-duty during the daytime and one nurse and one care assistant on-duty at night. Inspectors were informed that residents' dependency levels were not assessed or measured using a validated tool.

The care assistants told inspectors that they were involved in preparing and serving breakfasts in addition to doing the residents' laundry in the mornings. Staff confirmed that this limited their time with the residents and delivering care. Staff stated that due to the heavy workload they did not have time to read and review any policies or procedures. Staff also reported difficulty in delivering care to the residents because the numbers of staff on-duty were not sufficient to meet the needs of the residents.

Some staff, including the acting person in charge, reported that they regularly worked more than their rostered hours to ensure residents were cared for to the best of their ability. Residents also confirmed that sometimes they had to wait for assistance, as staff were very busy. Relatives commented that staff were very good and helpful but they were rushed off their feet.

Inspectors interviewed the cleaner on-duty. When questioned about his knowledge of infection control and MRSA (Methicillin-resistant Staphylococcus aureus), he replied that that he had not received training on infection control and did not know about MRSA.

Report compiled by

Mary Costelloe
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

30 November 2009

Provider's response to inspection report

Centre:	Aras Bride
Centre ID:	0310
Date of inspection:	14 and 15 October 2009
Date of response:	15 December 2009

Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

1. The provider is failing to comply with a regulatory requirement in the following respect:

A nurse is filling the post of person in charge in an acting capacity but is not in a position to fulfil this role in a meaningful capacity.

Action required:

Put in place a person in charge who works in a full-time capacity in this role and in accordance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Reference:

Health Act, 2007
Regulation 15: Person in Charge
Standard 27: Operational Management

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

Timescale:

<p>Provider's response:</p> <p>A full-time nurse in charge is now in place. The acting nurse, in charge prior to this appointment, had full authority and always acted in a meaningful capacity.</p>	In place
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2. The provider is failing to comply with a regulatory requirement in the following respect:

Medications were administered which were not prescribed by the GP and were not recorded in the medication administration charts.

Action required:

Ensure that there are suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Ensure that staff are familiar with such policies and procedures.

Reference:

Health Act, 2007
 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
 Standard14: Medication Management

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

Timescale:

Provider's response:

There was one resident who had not their medication signed and charted by the GP. This issue is now corrected and all nursing staff are familiar with same.

Safe practices are always adhered to in the administration, recording and storage of medications.

In place

3. The provider has failed to comply with a regulatory requirement in the following respect:

There was one nurse and two care assistants on-duty to care for 23 highly dependant residents. The residents' dependency levels were not being assessed and monitored using a validated tool. Therefore staffing levels and skill-mix of staff were not based on the assessed needs of residents.

Action required:	
Ensure that at all times the numbers of staff and skill-mix of staff are appropriate and sufficient to meet the assessed needs of residents, considering also the size and layout of the centre.	
Reference: Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We have now employed a full-time nurse in charge. She is an additional nurse on-duty on a daily basis. The nurse in charge has full authority and discretion to employ additional staff when she thinks it's required to do so.</p> <p>An assessment of each resident will be carried out using a validated tool and based on this assessment a review of all staff will then be made to ensure that we have capable staff for caring for all residents</p>	28 February 2010

4. The provider has failed to comply with a regulatory requirement in the following respect:	
There was no nutritional assessment undertaken for residents. One resident who had significant weight loss had not been referred to a dietician or GP for review.	
Action required:	
Ensure that there is a nutritional assessment undertaken for all residents. Ensure residents are referred for dietetic services as required.	
Reference: Health Act, 2007 Regulation 9: Health Care Standard 13: Healthcare	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

Provider's response: Our nurse in charge is arranging to have a nutritionist call to our nursing home to give lecture to all nursing and catering staff. Nutritional assessment will then be undertaken for all residents.	31 January 2010
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5. The provider is failing to comply with a regulatory requirement in the following respect: Signed records and receipts were not kept for all monies belonging to residents which were handled by staff.	
Action required: Ensure that a record is kept of each resident's property and possessions.	
Reference: Health Act, 2007 Regulation 7: Residents Personal Property and Possessions Standard 9: The Residents finances	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Full individual records are now being kept.	In place

6. The provider is failing to comply with a regulatory requirement in the following respect: All staff were not trained in moving and handling of residents or in fire safety and evacuation. Cleaning staff have not received training in infection control.	
Action required: Implement a plan so that all staff are trained in moving and handling of residents and all staff receive suitable training in fire prevention, fire procedures and in evacuation. Provide appropriate staff with adequate training in infection control.	
Reference: Health Act, 2007 Regulation 31: Risk management Procedures Regulation 32: Fire precautions and Records Standard 26: Health and Safety	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Training in moving and handling for two new employees had been scheduled for 31 October 2009 and this training has taken place. Fire safety training for all staff took place in July 2009 and is scheduled to take place again in January 2010.</p> <p>Our cleaner is also receiving training in infection control.</p>	31 January 2010

<p>7. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There was no emergency plan in place.</p>	
<p>Action required:</p> <p>Put in place an emergency plan for responding to emergencies.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Emergency plans are now being drawn up for:</p> <ol style="list-style-type: none"> 1. Sudden evacuation 2. Emergency heating and plumbing 3. Emergency flooding 4. Emergency staff issues 	28 February 2010

<p>8. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The written procedures for the recruitment and selection of staff did not include vetting of staff.</p>	
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Action required:	
Provide written policies and procedures relating to the recruitment, selection and vetting of staff.	
Reference:	
Health Act, 2007 Regulation 18: Recruitment Standard 22: Recruitment	
Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
Provider's response:	
We are in the process of producing written policies relating to the recruitment, selection and vetting of staff.	31 January 2010

9. The provider is failing to comply with a regulatory requirement in the following respect:	
Communal toiletries were observed on the bath trolley and in the main bathroom. Unlabelled toothbrushes were being stored in the same container in shared rooms.	
Action required:	
Provide adequate facilities for residents to store and maintain the use of their own toiletries.	
Reference:	
Health Act, 2007 Regulation 19: Premises Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 4: Privacy and Dignity	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
The issue of the individual toothbrush – this was misplaced in error by a new resident.	In place
All residents have individual, labelled toiletries stored at their bedside.	

10. The provider is failing to comply with a regulatory requirement in the following respect:

There was no wash hand basin provided in the sluice room and the bed pan washer was out of order.

Action required:

Provide necessary sluicing facilities.

Reference:

Health Act, 2007
Regulation 19: Premises
Standard 25: Physical Environment

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

Timescale:

Provider's response:

Structural changes are planned which will include the rectification of the above. The bedpan washer will be repaired or replaced as part of the structural changes.

A letter and plans from our builder confirming work to be carried out will be forwarded in January.

Commencing
01 April 2010
weather
permitting

11. The provider is failing to comply with a regulatory requirement in the following respect:

Laundry facilities did not meet the requirements of the service.

Action required:

Provide adequate facilities for the washing, drying and ironing of residents' clothes and make arrangements for their clothes to be sorted and kept separately.

Reference:

Health Act, 2007
Regulation 13: Clothing
Standard 25: Physical Environment

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

Timescale:

<p>Provider's response:</p> <p>Structural changes are planned which will include the rectification of the above</p> <p>A letter and plans from our builder confirming work to be carried out will be forwarded in January.</p>	<p>Commencing 01 April 2010 Weather permitting.</p>
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12. The provider is failing to comply with a regulatory requirement in the following respect:

There was lack of adequate storage space for storing of residents assistive equipment and wheelchairs. There was no cleaner's room provided to store cleaning equipment and securely store cleaning chemicals.

Action required:

Provide suitable storage facilities, for chemicals and for assistive equipment.

Reference:

Health Act, 2007
Regulation 19: Premises
Standard 25: Physical Environment

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

Timescale:

Provider's response:

We now have a designated storage room for residents' equipment. We also have a secure cleaning store for cleaning equipment and cleaning chemicals.

In place

13. The provider is failing to comply with a regulatory requirement in the following respect:

There was inadequate private and recreational space provided for residents in that there was no visitors' room and no smoking area provided.

Action required:

Organise the design and layout of the centre to meet the needs of each resident and ensure adequate private and communal accommodation is provided for residents.

Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Structural changes are planned which will include the rectification of the above. A letter and plans from our builder confirming work to be carried out will be forwarded in January.	Commencing 01 April 2010 Weather permitting.

14. The provider is failing to comply with a regulatory requirement in the following respect: Staff changing facilities were not provided.	
Action required: Provide suitable facilities for the purpose of staff changing.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Structural changes are planned which will include the rectification of the above. A letter and plans from our builder confirming work to be carried out will be forwarded in January.	Commencing 01 April 2010 Weather permitting.

15. The provider is failing to comply with a regulatory requirement in the following respect:

There was no maintenance service contract in place for equipment such as electric beds, mattresses, suction machines and nebulisers.

Action required:

Put in place a system to ensure all equipment is maintained in good working order.

Reference:

Health Act, 2007
Regulation 19: Premises
Standard 25: Physical Environment

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

Timescale:

Provider's response:

Maintenance service contract will be arranged for all equipment.

28 February 2010

16. The provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose did not comply with the requirements under regulation 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Action required:

Redraft statement of purpose to comply with the requirements of regulation 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Reference:

Health Act, 2007
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

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

Timescale:

Provider's response:

Statement of purpose and function will be updated to include and comply with the requirements of regulation 5 of the Health Act, 2007.

31 January 2010

17. The provider is failing to comply with a regulatory requirement in the following respect:

The complaints policy/procedure did not contain an independent appeals process and the complaints procedure was not displayed in a prominent area.

Action required:

Put in place a complaints procedure with an independent appeals process. Ensure that the complaints procedure is displayed in a prominent area.

Reference:

Health Act, 2007
Regulation 39: Complaints Procedures
Standard 6: Complaints

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

Timescale:

Provider's response:

A Complaints procedure including an independent appeals process will be put in place and displayed in our home.

31 January 2010

18. The provider is failing to comply with a regulatory requirement in the following respect:

Policies and procedures were not specific to the centre and had not been communicated to or signed off by staff.

Action required:

Develop and implement all the written and operational policies as listed in schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Reference:

Health Act, 2007
Regulation 27: Operating Policies and Procedures
Standard 29: Management Systems

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

Timescale:

<p>Provider's response:</p> <p>The policies we have are standard nursing home policies, compiled and developed by professionals and meet all regulations. These will be adapted to suit our nursing home. They will be implemented and staff will sign off that they are fully informed.</p>	<p>31 January 2010 - 28 February 2010</p>
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19. The provider is failing to comply with a regulatory requirement in the following respect:

There was no individual assessment to inform a care plan of residents' abilities and preferences so that they may engage in meaningful socialisation and have opportunities to participate in activities appropriate to their interests and capacities.

Action required:

Assess each resident's needs, ability and preferences to engage in meaningful socialisation and provide opportunities to participate in activities appropriate to the residents' interests and capacities.

Reference:

Health Act, 2007
Regulation 10: Residents Rights, Dignity and Consultation
Regulation 6: General Welfare and Protection
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations

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

Timescale:

Provider's response:

An individual assessment of each resident will be carried out and documented.

31 January 2010

20. The provider is failing to comply with a regulatory requirement in the following respect:

There was no formal evidence of auditing and monitoring of accidents/incidents in place therefore there was no evidence of learning and improving practise as a result of monitoring incidents and accidents.

Action required:

Put in place arrangements for the identification, investigation and learning for serious or untoward incidents or adverse events involving residents.

Reference: Health Act, 2007 Regulation 31: Risk Management Procedure Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: An accident book is in operation at all times. Accident follow up is also recorded. A formal policy for accidents/incidents is being developed.	31 January 2010

21. The provider is failing to comply with a regulatory requirement in the following respect: There were no arrangements in place for advocacy or to facilitate residents in consultation and participation in the day-to-day running of the centre.	
Action required: Put in place arrangements to facilitate consultation and participation in the day-to-day running of the centre. Ensure all residents rights, needs and wishes are sought and facilitated. Careful consideration must be given to seeking the views of residents who have difficulty communicating.	
Reference: Health Act, 2007 Regulation 10: Residents Rights, Dignity and Consultation Standard 2: Consultation and Participation	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A residents' committee will be set up and will be accommodated to hold meetings on a monthly basis.	1 February 2010

22. The provider is failing to comply with a regulatory requirement in the following respect: The brochure/ residents guide did not contain the information as required in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.	
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Action required:	
Produce a written guide referred to as the “residents guide” to include all the information as required in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.	
Reference:	
Health Act, 2007 Regulation 21: Provision of Information to Residents Standard 1: Information	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider’s response: Our brochure is being updated to include all required information.	31 March 2010

Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 19: Meals and Mealtimes	<p>Provide serviettes to residents at mealtimes.</p> <p>Provider's response: Done</p>
Standard 4: Privacy and Dignity.	<p>The screening curtains in shared rooms were flimsy and short in length. Provide full length screening curtains of improved quality in shared bedrooms.</p> <p>Provider's response: Our screening curtains were recommended by HSE inspectors. The height of these curtains will be adjusted to improve privacy. This will be done as part of our structural work.</p>
Standard 25: Physical Environment	<p>The glass window pane to one bedroom was opaque and residents were unable to see through it, it also resulted in inadequate day light in the room. Replace the glass window pane with clear glass.</p> <p>Provider's response: The window glass will be examined and replaced as part of our structural work.</p>

Any comments the provider may wish to make:

Provider's response:

We would like to make the following points:

1. We would like to thank the inspection team for all their constructive suggestions and recommendations and for their positive approach to the inspection. We will endeavour to have all of these recommendations implemented as advised in our action plan.
2. We would expect that all our observations on the inaccuracies in the report will be corrected and deleted where appropriate in the final report.
3. All of the items that were not in place on the day of inspection but are now in place should be noted on the final report.
4. We would ask you to consider that some changes should be made to the inspection system to reduce and ideally eliminate disruption to residents and worry of residents. In this regard, we have to notify you that considerable time had to be spent with residents to reassure them that they would continue to live here at our home. We make this observation in light of the public perception of the centre inspection process.
5. We feel that an over emphasis on policies and procedures will make for a very heavy workload for the small nursing home, excessive cost which will make smaller nursing homes non-viable and could potentially lead to a deterioration in the true hands-on nursing care for the elderly in general. It could further potentially lead to institutionalising nursing homes and making them unattractive places for the elderly and vulnerable. This would be totally at variance with our ethos for the past eighteen years.

Provider's name: Bridie Raftery

Date: 15 December 2009