

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Rush Nursing Home
Centre ID:	0155
Centre address:	Kenure
	Skerries Road, Rush
	Co Dublin
Telephone number:	01 870 9684
Fax number:	01 870 9611
Email address:	rushnursinghome@mowlamhealthcare.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Mowlam Healthcare
Person in charge:	Heather Carter
Date of inspection:	08 January 2010
Time inspection took place:	Start: 14:20 hrs Completion: 16:00 hrs
Lead inspector:	Sheila Mckevitt
Support inspector:	Florence Farrelly
Type of inspection:	<input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

About the 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*.

Additional inspections take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

Background

The purpose of this inspection was to follow up on the action plan from the first inspection of this centre which took place on 30 August 2009. The inspection report had seven action plans to be addressed. Four out of the seven action plans had been addressed within the time scale set by the provider. Three action plans remain outstanding and are detailed at the end of this report.

Summary of findings from the follow up inspection

Medication management charts have been redeveloped and crushed medications are now prescribed.

All new staff are now being supervised for the first week of employment and are allocated a mentor for the remainder of their probationary period. Staff are now receiving training pertinent to their role.

Staff employed do not have all the required documents available in their personnel files.

All written and operational policies listed in schedule five continue to be unavailable.

The complaints' policy has not been reviewed to ensure it meets the legislative requirements.

The inspector also followed up on a notification from the provider informing the Chief Inspector of an unexplained absence of a resident, which had been submitted to the Health Information and Quality Authority since the last inspection. The inspector found no written evidence that the provider had conducted an investigation into this incident. However, an accident form had been completed and actions had been put in place to prevent the incident re-occurring. The person in charge was asked to conduct an investigation into the incident and submit it to the Health Information and Quality Authority on or prior to 15 January 2010. It was received on 14 January 2010.

Issues covered on inspection

1. Action required from previous inspection:

Ensure all employees personnel files contain the documents as outlined in the legislative requirements referenced below.

The file of a staff member who started employment in November 2009 was reviewed. There was no copy of the employee's birth certificate available. The person in charge stated it was not available as it had not been obtained from the employee. A third reference was not available in the file. However the person in charge produced a valid third reference from her computer. There was no evidence that the employee had undertaken any mandatory training. However, the person in charge stated that all mandatory training would be completed by the end of the three month probationary period.

2. Action required from previous inspection:

Ensure that all medication records meet the regulatory requirements set out in the current legislation as referenced below.

The newly revised medication administration charts were reviewed. They now include the specific times that medications were administered. There is a space available for doctor's signature and a separate space for the transcribing nurses' signatures. A resident who was having medications crushed prior to administration had these medications prescribed as crushed by a medical practitioner.

3. Action required from the previous inspection:

Supervision of new staff extended for longer than one week to ensure all learning needs can be identified and met.

The staff roster was reviewed for November 2009. It was evident from this roster that the new member of staff who started in November was supernumerary for the first week of employment and had been allocated a mentor for the probationary period. As the staff member's probationary period of three months had not been reached, they had not had a probationary interview to date.

4. Action required from the previous inspection:

Ensure all staff receive training that was pertinent to their role.

Evidence that all staff had been provided with basic food hygiene training was available and viewed by the inspector.

5. Action required from the previous inspection:

Ensure all staff entries in the residents and related documents are in accordance with relevant professional guidelines.

Weekly audits of nursing documents for two residents were being conducted by the person in charge. Evidence of these weekly audits up until 13 December 2009 was viewed by the inspector.

6. Action required from the previous inspection:

Develop and implement all written and operational policies currently not available in Schedule five.

The written and operational policies listed in schedule five were not available for inspection. The person in charge stated she was still working on them. She was aware that she had not got them completed within the timescale she had set herself.

7. Action Required from the previous inspection:

Review and update the current operational complaints policy to ensure it meets all the legislative requirements referenced below.

There was no evidence to indicate that the complaints' policy had been revised to ensure it meets the legislative requirements. The person in charge stated it had not been revised to date.

Report compiled by:

Sheila McKeivitt
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

12 January 2010

**Health Information and Quality Authority
Social Services Inspectorate**

**Inspection report
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Provider’s response to additional inspection report

Centre:	Rush Nursing home
Centre ID:	0155
Date of inspection:	08 January 2010
Date of response:	27 January 2010

<p>1. The provider is failing to comply with a regulatory requirement in the following respect: Personnel files did not contain copies of birth certificates, three references, or Garda vetting documents.</p>	
<p>Action required: Ensure all employees personnel files contain the documents as outlined in the legislative requirements referenced below.</p>	
<p>Reference: Health Act, 2007 Regulation 18: Recruitment Standard 22: Recruitment</p>	
<p>Please state the actions you have taken or are planning to take with timescales</p>	<p>Timescale</p>
<p>Provider response: The staff member has been asked to furnish us with a copy of his birth certificate on his return from leave. The administrator has been asked to keep photocopies as proof that Garda clearance has been sought in individual personnel files. We are retrospectively applying for Garda clearance for all employees and have asked all staff for copies of their birth certificates and passport.</p>	<p>End March 2010</p>

<p>2. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>All the written and operational policies listed in Schedule five were not available.</p>	
<p>Action required: Develop and implement all written and operational policies currently not available in Schedule 1.</p>	
<p>Reference: Health Act 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems</p>	
<p>Please state the actions you have taken or are planning to take with timescales</p>	<p>Timescale</p>
<p>Provider response: I am currently working on the policies listed in schedule 5.</p>	<p>End February 2010</p>

<p>3. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The operational complaints policy does not meet the legislative requirements.</p>	
<p>Action required: Review and update the current operational complaints policy to ensure it meets all the legislative requirements referenced below.</p>	
<p>Reference: Health Act 2007 Regulation 39: Complaints Procedures Standard 6: Complaints</p>	
<p>Please state the actions you have taken or are planning to take with timescales</p>	<p>Timescale</p>
<p>Provider response: The operational complaints policy is currently under review. The new policy will meet the legislative requirements.</p>	<p>End February 2010</p>

Any comments the provider may wish to make:

N/A

Provider's name: Mowlam Healthcare

Date: 27 January 2010