

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Health
Information
and Quality
Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Centre name:	Swords Nursing Home
Centre ID:	181
Centre address:	Mount Ambrose
	Swords
	County Dublin
Telephone number:	01-8900089
Fax number:	01-8901089
Email address:	managerswords@mowlamhealthcare.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Mowlam Healthcare Ltd
Person in charge:	Susan Massey
Date of inspection:	8 December 2010
Time inspection took place:	Start: 10:55 hrs Completion: 15:35 hrs
Lead inspector:	Leone Ewings
Support inspector(s):	None
Purpose of this inspection visit	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input checked="" type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection 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 (as amended) 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.

About the centre

Description of services and premises

Swords Nursing Home is a purpose-built, single-storey building providing long-term residential care for 60 older people.

The building is designed around a large central foyer with bedrooms and utility areas leading off it. Residents' accommodation consists of 28 single rooms with en suite shower facilities and a further 16 twin rooms each with shared wash-hand basins.

There are three separate day sitting rooms, the sun room, a smaller sitting room, and the foyer area is used for seating during the day. The oratory room has been re-located and the space refurbished and now provides a quiet room known as a 'relaxing room' adjacent to the foyer. A recent redecoration has provided for new fire places, flooring and wallpaper in the communal areas.

Other facilities include a large dining room, a small oratory/reflection room, an activities room, a smoking room, a large separate visitors' room and a treatment room. The administration office and the person in charge's office are located to the front of the building near the reception desk which has recently been lowered to increase accessibility.

An accessible garden area is available for residents use and is located to the front and rear of the building. Access to the site is via an electric gate system and there is ample parking facilities provided.

Location

The centre is located approximately three kilometres from the town of Swords, Co Dublin. The location is rural and not on a bus route. Access by road is via the Toberburr Road, near the area known as St Margaret's at the back of Dublin Airport.

Date centre was first established:	12 April 2007 (this provider)
Number of residents on the date of inspection	56 (+1 in hospital)
Number of vacancies on the date of inspection	3

Dependency level of current residents	Max	High	Medium	Low
Number of residents	15	21	18	3

Management structure

The Person in Charge Susan Massey is the Director of Nursing and reports to the Operations Manager Geraldine O'Hora who in turn reports to the provider Pat Shanahan. She is supported by three clinical nurse managers and a team of staff nurses. Care assistants report to senior care assistants, who in turn report to the nursing staff.

The administrator at the centre manages the catering and domestic staff, and she also reports to the person in charge.

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	1	2	10	2	3	1	1*

*activities coordinator

Background

The purpose of this inspection was to follow up on findings of the last unannounced inspection from 21 April 2010. Notifications submitted to the Authority were also followed up on. Action plans at the end of the last report identified areas where improvements were required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Services for Older People in Ireland*. During the last inspection changes were in process in relation to a change of person in charge. Inspectors completed the fit person interview process with Susan Massey at that time.

Improvements from the last inspection included provision of advocacy services for residents, personal laundry service, Garda Síochána vetting requirements and hygiene in the hairdressing room.

This inspection was initiated following information received by the Authority, relating to an allegation of abuse, supervision of day space at the centre and wound management. These issues were reviewed by the inspector during the inspection.

Summary of findings from this inspection

Overall, the findings of this follow up inspection were very positive. The person in charge had commenced her role in April 2010 and had implemented changes in how care was delivered and documented. These included the commencement of a key worker system, improvements in complaints management/documentation and environmental improvements. Other findings related to the premises included elevated water temperatures and one assisted bath which was awaiting repair.

The person in charge demonstrated a high standard of leadership and governance in the centre. She had contributed to a number of changes in the environment including improved signage and refurbishment of the space previously used as the oratory.

The day space was found to be more usefully used by residents and staff for activities and leisure pursuits, which formed part of an action plan from the registration inspection of 12 and 13 January 2010. For example, the new relaxing room was used when residents wish to knit or listen to the radio, or take part in small group activities. The décor at the centre was fresh and welcoming, and the inspector found no evidence of over crowding in any of the communal areas.

Adequate and appropriate levels of supervision were found to be in place for residents. Recent changes included having the reception desk lowered to make it more accessible, and painting and decorating of day space. Residents were consulted with regard to the proposed changes to the décor and shown samples of wallpaper at resident's meetings.

Relatives had suggested that a call bell would be useful in case of needing a staff members' assistance at the front door and this was in the process of being installed.

Residents told the inspector they were satisfied with the healthcare and treatment they received to make them feel as well as possible. They considered that the meals provided variety and choice and they were able to make suggestions regarding their preferences. Residents' care was reviewed and specialised treatment provided if considered necessary.

Other developments include the recruitment of a volunteer advocate, commencement of relatives meetings, a provision of a colourful monthly residents' newsletter.

Recruitment of a new key senior manager took place following the resignation of the previous post holder. The new key senior manager had worked as a clinical nurse manager at the centre and some of the required NF31 documents have been submitted to the Authority. However, additional references have not yet been received from the provider to complete the change of key senior manager.

The person in charge has completed detailed audit of accidents and incidents and follow up. The information was audited and analysed in order to minimise the risk of future occurrences. Each resident who sustained an accident or incident had a full re-assessment carried out and changes made in the care plans as appropriate. In some cases, this entailed introducing new practices for example reviewing a resident's medication and implementing a staff observational record of the residents' location. Learning and development from near misses, incidents and accidents was communicated in staff meetings and at handover meetings held twice daily.

Complaints management was implemented as per policy. The inspector reviewed complaints files which indicated that the documentation was maintained to a very high standard and complaints were responded to in a timely manner. All complaints and issues raised were taken seriously and a resolution or outcome actively sought. The clinical nurse managers and key senior managers had not received specific complaints management training. However, the clinical nurse manager on duty on the day of the inspection was knowledgeable regarding safeguarding residents and had been involved in dealing with a number of complaints which the inspector reviewed.

Issues covered on inspection:

Allegation of abuse:

All notifications received by the Authority were confirmed on this inspection and actions taken following an allegation of abuse were reviewed by the inspector. Following the reporting of the concern to the person in charge by another member of staff, the centre's policy and procedures on elder abuse were followed. An investigation was completed, with valid findings and conclusions which were communicated to the relatives of the resident. The person in charge safeguarded the resident at the time immediately following the initial report. The centre informed the appropriate external authorities and investigations are ongoing.

Records of all information communicated to the Authority, were also found to have been responded to appropriately by the person in charge following review of the complaints file at the centre. Additional requirements of the Authority relating to Garda Síochána vetting had been met.

Notifications regarding theft had also been fully investigated and fully documented and reported to the Authority. The Garda crime prevention service has provided support and advice to residents and staff at the centre, and there had been no further incidents over the last six months. Security measures in place include control measures on access to the centre from the road after 21:00 hrs. Doors had key pad access and visitors were requested to sign in and out at reception. Each resident had access to a lockable storage space in their own bedroom.

Wound Management:

A provider led investigation was requested following a concern received from an acute hospital regarding wound care management following the admission a resident to the acute services. The content and details of the response, including care plans and wound assessments were reviewed by the inspector before the inspection and found to be satisfactory. A full review of current wound management practice including policies, records and photographs at the centre was found to be satisfactory and in line with contemporary evidence-based practice.

Supervision and use of day space:

There were 56 residents living at the centre on the day of the inspection. The residents using the communal areas, including the sun room, foyer, sitting room, and relaxing room were seen to be supervised to the appropriate level by care assistants and nursing staff during the inspection. A small number of visitors were seen by inspectors visiting, all were seen to move freely around the available space. The space in the central foyer benefited from the use of the new relaxing room. Activities were seen to take place in the central foyer area. Following review of the accidents and incidents there have been no increase in accidents and incidents in communal areas of the centre.

Complaints management:

An audit was completed by the person in charge which commenced in April 2010. This demonstrated an overall reduction in the numbers of formal and informal complaints managed. The first quarter reviewed from April to June showed 17 formal and informal complaints had been dealt with by the person in charge; this had reduced to ten from July to September 2010. All complaints formal and informal were managed and documented as per complaints policy. Complaints were received from residents, relatives and staff members. The person in charge affirmed to the inspector that she saw a complaint or comment from anyone as a way of improving the service and improving quality.

Actions reviewed on inspection:

1. Action required from previous inspection:

Provide details of access to independent advocate(s) or advocacy service available for residents'.

An independent advocate has been identified and an application for training has been made with the National Advocacy Programme which coordinates training for the volunteer advocacy service for older people in residential care.

The person in charge had drafted a memorandum of understanding outlining the role and responsibilities and arrangements for supervision and support between the centre and the volunteer advocate. This had not yet been completed and was unavailable on the day of the inspection. Garda Síochána vetting has been applied for by the advocate yet the person in charge told the inspector that the volunteer has been vetted by her own employers for the purposes of work with vulnerable persons.

2. Action required from previous inspection:

Review staffing arrangement for personal laundry to ensure residents' personal clothing was regularly laundered.

Inspectors reviewed arrangements for staffing for laundry at the centre. One staff member was employed four hours per day for six days a week in the laundry. The staff member was interviewed and she confirmed to the inspector the new labelling system was working well.

She told inspectors the procedure followed in case of any laundry which requires special care. She also confirmed that an external laundry company collected and delivered sheets and towels three times a week for the centre. A new key worker system had been put in place where each care assistant maintained two residents clothing and wardrobes and other personal tasks. The inspector spoke to residents who appeared well groomed and they confirmed that their clothing was well cared for.

3. Action required from previous inspection:

Update files and ensure all staff have Garda Síochána vetting in place.

Inspectors confirmed that Garda Síochána vetting has been applied for all staff working at the centre. Staff files contained copies of the vetting application. Two new members of staff had commenced employment and their files contained confirmation that Garda Síochána vetting had been applied for appropriate supervision arrangements were in place in the interim. The Operations Manager informed the inspector that she had spoken to the Garda Síochána vetting section on 7 December 2010 to follow up on outstanding requests.

4. Action required from previous inspection:

Clean and maintain hairdressing room following use, and ensure it is on the cleaning schedule for household staff.

The inspector visited the hairdressing room, which was found to be clean and tidy. The hairdresser was not working on the day of the inspection. The inspector also spoke to the two cleaning staff who confirmed the room was on their cleaning schedule.

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
<p>Standard 19: Meals and Mealtimes</p>	<p>Review service and timings of meals between courses in order to meet the needs of individual residents.</p> <p>Provider's response: An internal dining experience audit has been completed and this has been addressed as part of our action plan.</p> <p>Findings: The inspector saw positive changes in the dining room service. Staff were attentive to the needs of residents. Meals were served to residents and each course was served at the pace of each individual resident.</p> <p>The person in charge told the inspector that the colour of the dining room table cloths had been changed in order to contrast with the white plates in use and each month a dining experience audit was completed. Residents comments were documented at the monthly resident' meeting and actioned appropriately by the person in charge and the catering staff. New signage was in place directing residents to the dining area. The environmental health officer had conducted a follow up visit and all the findings of the report had been largely complied with.</p>
<p>Standard 1: Information</p>	<p>Provide information to residents in the visitors' room, regarding advocacy, health promotion and other items which may be of interest.</p> <p>Provider's response: The visitors' room has been enhanced environmentally. An information area has been provided with appropriate information leaflets and documents available as suggested by the inspector.</p> <p>Findings: The visitors' room has been improved by the provider. Comfortable seating and health promotion material and</p>

	<p>information was available. A notice was in place advising visitors that refreshments could be obtained from the dining room. The visitor's room also contains a suggestions box which the person in charge confirmed she checked regularly. The person in charge had also completed an information leaflet on end of life care for relatives.</p>
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Report compiled by:

Leone Ewings
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

16 December 2010

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
21 April 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
13 and 14 January 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
22 October 2009	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
30 July 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Provider's response to additional inspection report*

Centre:	Swords Nursing Home
Centre ID:	181
Date of inspection:	8 December 2010
Date of response:	20 December 2010

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 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

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

The water temperatures from some of the piped hot water/hand-washing taps was above 43 degrees, recorded to a maximum of 48 degrees.

Action required:

The assisted bath was faulty and required repair.

Action required:

Review the provision of piped hot water, which incorporates thermostatic control valves or other suitable anti-scalding protection to wash hand basins used by residents and staff to 43 degrees or under.

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

Action required:	
Submit details of ongoing monitoring/maintenance of the heating system to include thermostatic controls and other devices.	
Action required:	
Investigate and repair cause of faulty assisted bath.	
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:	
Thermostatic mixer valves have been adjusted to bring water temperatures to 43 degrees or below, maintenance records have been submitted.	Actioned
The cause of the faulty drainage for the assisted bath has been investigated and repair is scheduled for early January 2011.	1 month

2. The person in charge has failed to comply with a regulatory requirement in the following respect:	
The volunteer advocate does not have a clear written agreement between the designated centre and the individual outlining her roles and responsibilities.	
Action required:	
Finalise draft written agreement and agree roles and responsibilities, including arrangements for supervision both before, during and after training has been completed With the volunteer advocate.	
Reference:	
Health Act, 2007 Regulation 34: Volunteers Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>A written agreement detailing the roles and responsibilities of the volunteer advocate, including arrangements for supervision both before, during and after training have been finalised and issued and agreed by the volunteer advocate.</p>	Actioned
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<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The information requested from the provider by the Authority following notification of change of key senior management has only been partially submitted.</p>	
<p>Action required:</p> <p>Submit the remaining references and information requested by the Authority by correspondence of 7 October regarding change of key senior management.</p>	
<p>Reference:</p> <p>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's response:</p> <p>Information requested by the Authority has been submitted regarding change of key senior management at Swords Nursing Home by Mowlam Healthcare.</p>	Actioned
<p>External referees are to submit references directly to the Authority; a reminder has been issued to these individuals.</p>	Actioned

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 18 Routines and Expectations	<p>Further development of residents' individual activity programmes, and ensure all residents who have a cognitive impairment are given opportunities to participate in meaningful and purposeful activity, occupation or leisure activities, that suit his/her needs and preferences and capacities.</p> <p>Provider's response: Activity programmes will be developed further to meet the needs of the residents with cognitive impairment on an individual basis to assist them to participate in meaningful and purposeful activity, occupation or leisure activities, that suit their individual needs, preferences and capacities.</p>
Standard 24 Training and Supervision	<p>Clinical nurse managers deputising for the person in charge complete complaints management training commensurate with their role.</p> <p>Provider's response: One clinical nurse manager has completed complaints management training and training will be sourced and for other clinical nurse managers.</p>
Standard 10 Assessment	<p>Review the use of the mental score assessment test on the electronic information system and consider standardising with a validated assessment tool to ensure consistency and continuity of care.</p> <p>Provider's response: All mental score assessment tests are to be reviewed in January 2011. A validated MMSE will be used going forward to assess residents as necessary to ensure consistency and continuity of care.</p>

Any comments the provider may wish to make:

Provider's response:

It is pleasing to note that the inspector has acknowledged the ongoing good work and practice in Swords Nursing Home positively in this report. We are committed to continuous improvement of our services and look forward to continuing to work with the inspectors in this regard.

Provider's name: Susan Massey on behalf of Mowlam Healthcare

Date: 20 December 2010