

**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:	Rathkeevan Nursing Home
Centre ID:	0271
Centre address:	Rathkeevan
	Clonmel
	Co Tipperary
Telephone number:	052-6182000
Fax number:	052-6182040
Type of centre:	<input checked="" type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Drescator Ltd.
Person in charge:	Marie Slattery
Date of inspection:	21 April 2010
Time inspection took place:	Start: 10:40hrs Completion: 20:00hrs
Lead inspector:	Noelene Dowling
Support inspector(s):	Catherine O Keeffe Tom Flanagan
Type of inspection:	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Announced <input checked="" 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.

About the centre

Description of services and premises

The premises is a purpose-built single-storey building providing accommodation for 63 residents and offers high dependency convalescent and respite care for older persons and younger people with chronic care needs. The accommodation consists of seven twin-bedded bedrooms and 56 single bedrooms, all with en suite facilities consisting of assisted shower, hand basin and toilet. The accommodation is divided into three interconnected wings, with the nursing station located centrally. There is a communal area in each wing and a central dining area which serves the whole building. A smoking room, oratory and three single toilets are also available. An office, storage space, staff changing-room and a hairdressing room complete the accommodation. The premises can accommodate couples in twin-bedded rooms. There is a large general garden and each wing has its own patio garden area.

Location

The centre is located in a rural area three miles from the town of Clonmel in county Tipperary on the main Limerick Waterford road. It is not near shops or accessible by a local bus route.

Date centre was first established:	2001
Number of residents on the date of inspection	49
Number of vacancies on the date of inspection	16

Dependency level of current residents	Max	High	Medium	Low
Number of residents	13	20	9	7

Management structure

The nursing home is owned by Drescator Ltd. Marie Slattery is the Person in Charge and Registered Provider, acting on behalf of the company. Renny Abraham is the Deputy Manager. Nurses, care assistants and catering staff report 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	7	2	3	1	0

Summary of findings from this inspection

This unannounced inspection was the first inspection carried out by the Health Information and Quality Authority. The inspection took place as a result of concerns raised with the Authority relating to the general care and welfare of residents and staffing levels. Inspectors spoke with residents, relatives, staff members, catering staff and the person in charge. Records examined included medical records, accident and incident log, care plans, staff records, fire safety records, policies and procedures.

The residents had complex and diverse needs with four residents under the age of sixty five.

The person in charge had a good understanding of the Health Act 2007 and was very much involved in the day-to-day care of the residents. There was evidence of good leadership and residents' health needs were well met, with a range of external services and multidisciplinary supports and advice sourced.

Initiatives were taking place in terms of care planning, developing a residents' and relatives' forum, and a staff training programme, which the person in charge advised inspectors would continue. The premises and equipment were suitable for purpose and well maintained and decorated.

A number of areas for improvement were noted. The total numbers of nursing staff available and in particular on duty at night were not adequate to meet the complex assessed needs of the residents. Improvements in the complaints process, risk management strategies, administration of medication and review of incidents were also found to be necessary. The action plan at the end of this report identifies areas where improvements are required, to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Comments by residents and relatives

Inspectors interviewed two residents at length and also spoke with eight others during the inspection. Inspectors spoke with six relatives. All spoke positively of the nursing home, staff, matron and the accommodation. Residents' comments included: "You won't find any problems here", "Matron is always here and the deputy is a big help when he is around, "it is a compromise living in a community but this is ok", "I can have my breakfast in bed, go to bed when I want" and "they respond very quickly to my call bell". Other comments included "they encourage me to keep independent" and "I feel safe here".

Relatives told inspectors that they were always made welcome, knew the staff and person in charge and felt that their relatives were well looked after. One relative stated that there had been a big improvement in his relative's health since admission. All relatives stated that they were notified quickly of any incident involving their relative and were included in any plans made for them.

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

Inspectors found that the centre was well managed overall and that the person in charge was striving to improve practices in order to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2009 (as amended). The person in charge is present five days per week and supervises the nursing and care practices. Staff, residents and relatives stated that they had easy access to her whenever needed. The staff clearly understood the reporting relationship. A deputy manager is also regularly present and, had significant responsibility in terms of administration and as activities coordinator.

A daily handover report takes place in which nursing and care assistants participate, reporting and discussing their individual residents. Full staff meetings take place quarterly and the inspectors saw minutes of these meetings.

Inspectors saw evidence of insurance cover, fire training, and compliance with fire and building regulations. The staff have had regular access to training and a plan for future training is in place. Inspectors saw the register of residents which contained all of the information required by the regulations.

Significant improvements required

The deputy manager is not a qualified nurse and so cannot be responsible for the designated centre during the absence of the person in charge. Inspectors were informed by the person in charge that a named nurse would take responsibility but this arrangement has not been formalised.

The statement of purpose and function, which doubles as the residents' guide, did not contain all the required information as outlined in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). It provided no detail on the admissions criteria,

emergency admissions, fire precautions and emergency procedures, or arrangements made for dealing with reviews of the residents' care plans.

The person in charge had developed a range of policies for the centre, as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). However, in the following specific areas these were inadequate:

- the risk management policy seen by inspectors did not contain details on the management of risk, as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).
- the accident and incident monitoring system does not show any evidence that actions are taken to prevent further incidents, or enhance outcomes for residents, especially in relation to falls management.
- the policy on the use of restraint does not outline a procedure for regular review of the resident's need for such actions, in conjunction with the resident and or their representatives.
- the system for complaint management does not meet the criteria as set out in Schedule 5 of the Health Act (Care and Welfare of residents in designated centres for Older People) Regulations 2009 (as amended). Inspectors examined the complaints log. While complaints were recorded, these records showed evidence that the person in charge took note of residents concerns and was seeking to address them. However, there is no appeals process outlined. The records maintained do not provide evidence of whether the complainant or family member was satisfied or not with the outcome of the complaint.
- each resident's file contained a memorandum to contract signed by the resident or representative. However, no contract was subsequently drawn up for residents or was available on file.

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 noted that the residents looked well cared for in their personal appearance. Residents told inspectors that their personal care needs are well looked after, and that they had choices of food, routines and bedtimes, and the option of an alcoholic drink of their choice at night. A number of residents are able to go to the local pub. One resident informed the inspectors that he is often helped up by the night staff to have coffee and a cigarette. Inspectors observed regular visitors to residents through out the day, with no restrictions. Staff are well known to the visitors. Staff were observed knocking on bedroom doors and residents confirmed that their privacy was respected.

All residents and relatives confirmed that the personal clothing and property of residents is identified and well looked after by the staff. Inspectors observed discreet labels on clothing. Each resident has an integrated locked drawer in their wardrobes for their personal possessions. The centre has a small oratory, and religious services are available monthly with communion available weekly. Relatives confirmed that they are involved in the care plans and while residents could not specifically name the plan they confirmed that they are involved in decisions. A number of residents have access to assistive technology to help them maintain a degree of independence and activity.

Inspectors saw evidence in a resident's care plan of medical care being refused by a resident, and this was respected and clearly documented. Another resident's plan documented how, following an accident with a coffee maker in the bedroom, the right of the resident to continue to use this and maintain their independence was respected. This decision followed discussion with the resident and the relatives. Staff spoken to were knowledgeable of the residents' needs and preferences and were aware of the reporting procedures in regard to the elder abuse policy.

The person in charge had supported the formation of a residents' and relatives' committee in March 2010. Inspectors spoke with one member of this committee who said the person in charge was very open to any suggestions this committee might make. Meetings are recorded and minutes of a meeting showed a significant interest from residents and relatives in taking part. Residents spoken with were aware of this taking place but not of what occurred at the meetings. A box for suggestions or

anonymous complaints had been decided on at this meeting, and inspectors saw the box at the nurse's station.

Some improvements required

Inspectors were informed by the residents that a choice of food was available on a day-to-day basis. The person in charge told inspectors that some residents may not remember what they had chosen as they are offered the choice on the previous day. Inspectors noted that the menus are located behind the dining room door, in small print, without any signage or graphics to support communication with residents. Inspectors observed the staff placing the meals in front of residents, without reminding them of the choice they had made, and it was apparent that some residents did not know what the meal consisted of.

The premises have three separate courtyard areas apart from the main garden. However, the residents stated that these were not easily accessible to them unless staff opened the doors for them, and they did not want to disturb the staff. While there was seating in these areas, there were no other amenities which could offer recreation or activities to the residents.

While the residents are aware of the residents' forum there is no system for communicating decisions or suggestions to residents who are not directly involved.

Significant improvements required

The files of a number of residents contained consent forms for the use of cot sides or lap belts following a written assessment of risk. These were signed by either the resident or their representative. However, the use of such methods was not referred to in the residents' care plans and it was not reviewed on a regular basis in accordance with changing need or circumstances.

Lunch is served in two sittings, at 11:30hrs and 12:30hrs. Those who require assistance are served lunch at the earlier sitting. The person in charge stated that this arrangement was to ensure that regular nourishment is provided through the day and allows for soup and snacks to be served in between meal times. Inspectors observed soup and snacks being offered. One resident told inspectors that the lunch time was too early for such a heavy meal.

Observation by inspectors at this lunch indicated that staff did not communicate freely with the residents, although they were supportive of those residents who needed assistance.

There is an activities programme, and the deputy manager is the coordinator of activities. Residents were observed playing bingo and doing gentle exercises in the afternoon while two residents received therapeutic massage from a care assistant, and others watched a reminiscence dvd. They appeared to enjoy these activities. However, the range of activities was limited. Inspectors observed four residents with cognitive impairment in the lounges, with little interaction or stimulation, for a long period of time.

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 ongoing 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 examined the files of five residents. The case files of two residents under 65 years of age contained minutes of multidisciplinary case conferences, which were held off site. These were attended by the person in charge, the residents concerned and a number of professionals from the Health Service Executive (HSE). Decisions at these meetings were implemented in the centre and at a day centre attended by the residents. The person in charge and one of the residents concerned conveyed knowledge of the links with other professionals, in regard to these and other residents, such as the tissue viability nurse and the coordinator of disability services. A number of case files contained evidence of recent assessments by a speech and language therapist. Files contained a range of monitoring tools in use including nutrition, weight and pressure sore risk assessments.

Inspectors saw one of the residents, who was wearing prostheses and had been sitting in a wheelchair uses her walking frame when going to the dining room. She explained that this was exercise for her as she was encouraged by staff to be as independent as possible.

The daughter of a resident who was totally dependent on staff, told inspectors that she felt the staff made a very positive contribution to her mother's wellbeing by ensuring that she looked really well, was well groomed and wore freshly laundered clothes each day. Incident records showed evidence that staff had assessed residents following falls, and acted promptly to access medical care.

One resident spoke to inspectors about having seen the physiotherapist the previous Friday, and said she saw the dietician about two weeks before. Inspectors saw the care plan of one resident whose health had deteriorated and there was evidence of changes in practice to meet these altered needs. Family members confirmed this.

There was a clear process for managing controlled drugs (MDAs). These drugs were secured in a locked cupboard within another locked cupboard and a nurse on duty carried the keys. A nurse from each shift counted the MDAs, recorded the number on an MDA register and signed the register. This was counter-signed by another member of staff who was present. Unused or discontinued MDAs were returned to the pharmacy by the person in charge, who signed for this in the register. A nurse outlined the process to inspectors, who saw the register, which was in order.

Medication was delivered by a local pharmacist. The medications, which came in blister packs, were checked by a nurse and the pharmacist, both of whom signed a register. Medications, apart from MDAs, were stored in a locked drawer in the room of each resident, according to individualised prescriptions.

There was a treatment room which had an examination table, a fridge for medication only and storage facilities for dressings and equipment. Nursing staff told inspectors that there was no emergency trolley.

Some improvements required

The person in charge had introduced a number of initiatives to promote person-centred care planning and to involve residents and their carers in the process. While one resident said she did not know what a care plan was, she said that “the nurse sits down with me and talks to me about what I am going to do”. A relative told inspectors that “All aspects of (my mother’s) care are discussed with the family; they will ring us about any change”.

Screening and monitoring tools were in use and these were reviewed on a monthly or three-monthly basis. However, some of the reviews were recorded on the back of the original assessment sheets and contained only the dates of review, with a statement signed by the nurses to say that there had been no change.

While some of the residents’ files did contain evidence of individual care based on the residents’ own preferences and biographies, others viewed by inspectors did not. The care plans and goal setting focussed mainly on nursing tasks and were informed by an assessment process which highlighted deficits. The social and emotional needs of residents, their strengths and their preferences, were not so evident as to inform their daily life. The person in charge informed inspectors that she is in the process of reviewing all care plans to make them more individual and person-centred.

While the care files were detailed they were not integrated. Separate files were kept in different locations for nursing assessment, progress notes and medical notes, which did not support day-to-day practice.

Inspectors met two General Practitioners (GPs) who were visiting residents. The GPs expressed confidence in the person in charge and said that they came to the centre when requested by staff. The files of residents examined showed that residents had been seen regularly by their GPs and had their medication reviewed within the past three months.

Significant improvements required

Inspector observed the medication round at lunch time when medication was administered to some residents in the dining room. Nursing staff went to the rooms of these residents in advance and transferred the required medication from the blister packs to containers on a tray. This was then locked in a drawer at the nursing station until mealtime, when the nurse took the tray to the dining room to administer

the medication. While the nurse did bring a medication folder containing photos, prescription and administration sheets for residents to the dining room, this process increased the possibility of errors being made.

Medication for some residents had to be crushed. While this was prescribed by the GPs and nursing staff were seen to inform a resident that he was receiving crushed medication, the medication policy did not refer to the procedure for crushed medication. There was no policy on medication errors, and no audits regarding medication were carried out. There was no policy on self-medication. Nursing staff told inspectors that all medication, even that of residents who are in respite beds and usually self-medicate, is administered by nurses. Inspectors reviewed medication records. While all prescriptions were signed by the GP, discontinuation of medication on twelve records reviewed was dated but not signed or initialled. Inspectors observed two staff lifting a resident from a chair to a wheelchair in an unsafe manner.

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 are purpose-built and all rooms, both doubles and singles, have suitable en suite facilities. There were photographs on the walls of residents, relatives and staff enjoying various activities. Four separate day rooms are available, with one used for activities. The remainder all have televisions and the seating is comfortable. Grab rails and non-slip flooring is present. Each bedroom section has its own garden area. Personal lockable storage cupboards are provided in all bedrooms and the double rooms had curtain screening to ensure privacy. The call-bell system in residents' bedrooms was tested and a staff member responded promptly. The premises were clean, tidy, spacious and well maintained. Separate cleaning and laundry staff are employed.

Inspectors saw evidence that all equipment used for residents' safety and comfort, such as profiling beds, hoists, wheel chairs and walking frames is regularly serviced and maintained. The equipment is stored safely when not in use. Cleaning equipment and chemicals were seen to be safely locked away and staff were using appropriate cleaning material for the different areas. Good infection control practices were evident, with hand sanitizers readily available, and separation of linen and appropriate disposal systems in operation. A robust system of disposal of clinical waste was in place. Nursing staff had a good knowledge of the system, which involved the use of colour-coded containers inside the building and a locked storage facility outside.

A food hygiene audit is undertaken annually. The catering manager has trained in Hazard Analysis Critical Control Points (HACCP) and the staff knew the residents' likes and dislikes in terms of food.

Inspectors saw evidence that fire safety management systems were in place and equipment was serviced annually. Inspectors saw written records of annual staff attendance at fire safety and evacuation training, and procedures in the event of fire are displayed. Inspectors were provided with written confirmation that the requirements of the statutory fire authority had been complied with.

Some improvements required

Inspectors saw the infection control policy, and while it is centre-specific and comprehensive it did not contain any details on the management of methicillin resistant Staphylococcus Aureus. (MRSA).

Significant improvements required

The laundry room, which is very small, was found to be unlocked, and inspectors saw that the large industrial iron and hand iron was switched on, thereby posing a risk of burns to the residents who could wander into the room.

Minor issues to be addressed

The lock on one general-use toilet was broken, and the television in one resident's bedroom was not working.

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

The person in charge had introduced forms on which relatives could sign to say that they had been directly involved in the making of their relative's care plan and were fully satisfied with it. A copy was placed in the resident's file and a copy given to the relative.

A brochure giving an overview of the centre was available at the reception for visitors and prospective residents. A notice board in the foyer displayed the minutes of the Residents' Relatives' Panel meeting of 16 March 2010, and an activities chart, giving a timetable of afternoon activities and some health promotion material. Each resident had a television in their bedroom and televisions were present in all but one of the day rooms. Each resident had a direct-dial telephone in his/her room.

The person in charge had put in place a system of communication between staff to ensure that relevant information regarding the care of residents was communicated in a timely manner and to facilitate the safe and efficient operation of the centre. Inspectors observed a handover at the change of a shift in which nurses and care staff participated. There were staff meetings, which were attended by nursing and care staff quarterly. Inspectors reviewed minutes of one such meeting which took place on the 19 January 2010 and which focussed on the issues of the personal appearance and cleanliness of residents, the importance of hand hygiene and the care and maintenance of equipment of equipment and the premises.

Some improvements required

A detailed information booklet was placed in the room of each resident. This outlined the mission statement, the philosophy of care, a description of the facilities, the services offered and the activities provided. It briefly outlined the complaints procedure and gave contact details for the Chief Inspector and for advocacy services, but it did not contain all the information required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) to constitute "the residents' guide".

Inspectors viewed a book of policies, which was kept at the nurses' station. This contained all the policies required by legislation. The policies were centre-specific,

and many, but not all, had been signed and dated by the person in charge and had a date for review. Staff had signed to say that they had read and understood the policies, with the exception of the policy on elder abuse. A staff member told inspectors that the policies were formulated by the person in charge and that the final draft was discussed with staff, who could make suggestions for change. The policies did not have any references to legislation or national guidelines.

Significant improvements required

A number of residents had particular communication difficulties and cognitive impairments. No alternative methods of communication were observed in practice to meet their specific needs and facilitate their participation in the daily life of the centre.

Poor communication was observed by inspectors, when one resident who was distressed was removed by staff from the day room, and another staff erected a Percutaneous Endoscopic Gastrostomy (PEG feed) for a resident with cognitive impairment, without any explanation of their actions to reassure the resident.

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

Relatives and residents were complimentary about the staff and the attention they gave to the residents. There was evidence of a commitment to improving services through staff training and development. There was a training plan in place and inspectors reviewed the training records. Ten of the care assistants had attended and were certified in Further Education and Training Awards Council (FETAC) level five training and three were in training at the time of the inspection. Twelve staff had attended manual handling training and twelve attended training in the management of challenging behaviours in 2010.

Two of the nursing staff and the person in charge had attended wound management training in 2009, while two staff had attended infection control training. Catering staff had undertaken a course in active listening. Training in elder abuse prevention was undertaken for thirty staff in 2009. The catering staff had received training in food safety. Adequate changing facilities for staff were available. Inspectors were provided with a planned and actual staff roster. No agency staff are used.

Significant improvements required

While the person in charge has written policies and procedures on the recruitment of staff, personnel files seen by inspectors do not contain the required information, such as three references and Garda Síochána vetting.

The provider employs seven nurses, including the person in charge. The person in charge informed inspectors that she considers this number sufficient based on the assessed needs of the residents, her own significant role in the day-to-day nursing of residents and the fact that nursing staff are willing to work additional hours to cover sick leave and annual leave. The night-duty roster of one nurse and two care assistants was not appropriate to the assessed needs, dependency levels of the residents, and the lay out of the premises. Records showed that a number of the falls / incidents recorded have occurred at night.

New staff do not receive a formal induction, and while a staff appraisal policy is in place this has not been utilised. Staff interviewed acknowledged that the person in charge is available to them and approachable on an informal basis. While the staff were able to describe the residents' needs and preferences, no specific training has been provided for staff in communicating with, and supporting, residents, with cognitive either impairment or communication difficulties.

Closing the visit

At the close of the inspection visit, a feedback meeting was held with the person in charge, deputy manager and administrator to report on the inspectors' findings, highlighting both good practice and where improvements were needed.

Acknowledgements

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

REPORT COMPILED BY

Noelene Dowling
 Inspector of Social Services
 Social Services Inspectorate
 Health Information and Quality Authority

29 April 2010

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced
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Provider's response to inspection report

Centre:	Rathkeevan Nursing Home
Centre ID:	0271
Date of inspection:	21 April 2010
Date of response:	27 May 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 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:

The nursing staff complement on night duty is not sufficient to provide the necessary skill mix appropriate to the residents' needs.

Action required:

Ensure that the number of nursing staff is appropriate to the assessed needs of the residents.

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>It is proposed to roster an extra staff nurse for night duty bringing the night staff roster to 2 qualified nurses and 2 care assistants. This is considered to be very satisfactory to meet the assessed needs and dependency levels of the residents.</p>	<p>Immediate</p>

<p>2. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The policy on medication management was not in accordance with An Bord Altranais Guidance and legislation.</p>	
<p>Action required:</p> <p>Ensure that the administration of medication is in line with regulations guidelines and legislation.</p>	
<p>Action required:</p> <p>Implement a policy on the use of crushed medication.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The administration of medication will be carried out in accordance with An Bord Altranais guidelines and legislation. A medication trolley has been ordered to facilitate this practice. A policy in the use of crushed medication is now in place.</p>	<p>Immediate</p>

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

There was no comprehensive risk management policy in place.

Action required:

Ensure that this policy is reflected in practice, with particular emphasis on precautions in place to manage falls and accidental injury to residents.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety

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

Timescale:

Provider's response:

We are upgrading the risk management policy and will ensure that it is reflected in practice. Increased monitoring of residents particularly those considered to be at risk is being implemented. The additional nurse on duty at night will facilitate the increased supervision.

Two months

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

Operational policies and procedures are not comprehensive.

Action required:

Review the operational policies and procedures to ensure they are comprehensive and fulfil the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

Ensure that policies in relation to use of restraint are implemented.

Action required:

Ensure that policies in relation to safe manual handling for residents are implemented.

Reference: Health Act, 2007 Regulation 27: Operational Policies and Procedures Standard 29: Management Systems	
Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
Provider's response: All policies and procedures are being reviewed to ensure that they are comprehensive. The polices in relation to use of restraints and manual handling are being implemented.	Three months Immediate

5 The provider has failed to comply with a regulatory requirement in the following respect: There is no formal arrangement to ensure that a suitably qualified person acts up in the absence of the full-time person in charge.	
Action required: Nominate a suitably qualified person and formalise the arrangements for the management of the centre in the absence of the person in charge.	
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:
Provider's response: A qualified nurse will be nominated as being in charge at all times when the person-in-charge is absent from the home. The nominated nurse will be formally marked-up on the duty roster.	Immediate

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

All staff personnel files did not contain evidence of Garda Síochána vetting and three written references, as required by Schedule 2 of the Health Act, 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

Ensure all personnel files contain all documents listed in Schedule 2.

Reference:

Health Act, 2007
Regulation 18: Recruitment
Standard 22: Recruitment

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

Timescale:

Provider's response:

Garda Síochána vetting has being applied for in relation to all staff. All staff has being instructed to submit 3 written references. Many has been submitted and all will be in place within 1 month.

One month

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

The statement of purpose does not contain all the information listed in Schedule 1 of the Health Act, 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

Provide a statement of purpose which contains all the information listed in Schedule 1.

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:
<p>Provider's response:</p> <p>Work is in progress in providing a statement of purpose which will contain all the information listed in Schedule 1.</p>	One months

8 The provider is failing to comply with a regulatory requirement in the following respect:	
The residents' guide does not contain details on the fees payable or details of the actual complaints policy.	
Action required:	
Provide a resident's guide that details all matters listed in the Health Act, 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).	
Reference:	
<p>Health Act, 2007 Regulation 21: Provision of Information to Residents Standard 1: Information</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Work is in progress upgrading the residents guide as requested to include details on the fees payable and details of complaints policy.</p>	One month

9 The provider is failing to comply with a regulatory requirement in the following respect:	
No contract of care with residents was available.	
Action required:	
Agree and provide a contract of care with residents.	
Reference:	
<p>Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Contracts of care are being prepared for each resident.	One month

10.The provider is failing to comply with a regulatory requirement in the following respect:	
The complaints procedure did not outline an appeals process, or a mechanism for ascertaining whether or not the resident was satisfied with the outcome.	
Action required:	
Revise the complaints procedure to ensure it contains all the requirements as listed in Part 12 of the Health Act, 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).	
Action required:	
Ensure that all residents and relatives are aware that a complaints procedure is available to them.	
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 new complaints policy and procedure is being prepared which will incorporate an appeals process and all elements required by the Health Act 2007. This will be permanently displayed for all residents and relatives.	Two weeks

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

All aspects of the resident's assessment care plan have not been formally reviewed.

Action required:

Keep the resident's care plan under formal review, as required by the resident's changing needs, and no less frequently than at three-monthly intervals.

Reference:

Health Act, 2007
Regulation 8: Assessment and Care Plan
Standard 11: The Resident's Care Plan

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

Timescale:

Provider's response:

Care plans will be formally reviewed as required by the residents changing needs, not less than at 3 month intervals.

In progress, to be completed within six months

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

Residents have not been consulted with regard to the timing of meals.

Action required:

Consult with residents and review the timing of meals.

Reference:

Health Act, 2007
Regulation 20: Food and Nutrition
Standard 19: Meals and Meal Times

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

Timescale:

Provider's response:

The resident's relatives will be asked to discuss meal times at their next meeting. The centre will endeavour to meet their wishes as far as is practicable.

One month

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

There was no training for staff in how to care for, and communicate with, residents with cognitive impairment or dementia to increase their participation in the routines and daily life of the designated centre.

Action required:

Provide staff with training in skills for communicating with, and caring for, residents with cognitive impairment or dementia.

Reference:

Health Act, 2007
Regulation 17: Training and Staff Development
Standard 19: Training and Supervision

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

Timescale:

Provider's response:

Staff will be trained in necessary skills in caring for and communicating with residents with cognitive impairment or dementia at a course in September 2010. The Occupational Therapist in South Tipperary General Hospital Clonmel have agreed to provide training to staff in these skills.

Four months

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

Staff members are not regularly supervised.

Action required:

Provide staff with regular formal supervision pertinent to their roles.

Reference:

Health Act, 2007
Regulation 17: Training and Staff Development
Standard 19: Training and Supervision

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Staff members will be regularly supervised by the person in charge, deputy manager and nursing staff.	Immediate

<p>15.The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The policy in relation to manual handling is not adhered to.</p>
<p>Action required:</p> <p>Ensure that staff adhere to best practice guidelines when moving residents.</p>
<p>Reference:</p> <p style="text-align: center;">Health Act, 2007 Regulation 17: Training and Staff Development Standard 19: Training and Supervision</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All staff have being trained in manual handling and refresher courses at two yearly intervals and have been instructed to adhere to best practice guidelines when moving residents.	Immediate

<p>16.The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There is no system in place for reviewing the quality and safety of care provided to, and the quality of life of, residents</p>
<p>Action required:</p> <p>Devise and maintain a system to review the quality of, and safety of care provided to, the residents, and improve the quality of life and quality of care of residents.</p>

Reference: Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life 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: A policy will be put in place to have an annual review of the operation of the nursing home with particular attention to improving the quality of life and the quality of care of the residents.	Two months

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 11: The Resident's Care Plan	The care plans should be reviewed to include more person-centered individual assessment and biographies, which could be incorporated into the day-to-day life of the residents.
Standard 18: Routines and Expectations	The person in charge should ensure that staff can communicate effectively with residents.
Standard 17: Autonomy and Independence	Ensure that clear communication and information processes are in place to facilitate the resident exercising choice.
Standard 19: Meals and Mealtimes	The daily menu should be displayed in a suitable format and in an appropriate location, so that the resident knows what is available at meal times.
Standard 26: Health and Safety	The broken toilet door lock and television should be replaced or repaired.

Any comments the provider may wish to make:

Provider's response:

Best Practice Recommendations.

Standard 11: The Resident's Care Plan.

In reviewing the care plan for each resident, specific emphasis will be placed on making the care plan person centred. This will be done in conjunction with the resident and relatives to incorporate personal biographies as suggested.

Standard 18: Routines and Expectations.

The person-in-charge will instruct and encourage all staff to communicate in an effective and friendly manner with residents. This will be monitored regularly. A training course in Social Skills and Active Listening was attended by 20 members of staff in January 2010. Ongoing training and implementation will be continued.

Standard 17: Autonomy and Independence.

The residents through the Residents-Relatives Committee are encouraged to bring to the managements attention any suggestions they may have in regard to the operation of the home and the exercise of choice by the residents. In addition, all staff are instructed to observe and comply with the residents wishes in regard to day-to-day tasks and activities. Notice boards offers residents choice of activities and the Deputy Manager/Activities Coordinator arranges activities in accordance with the wishes of the residents and participation is at the choice of each resident.

Standard 19: Meals and Mealtimes.

The daily menu is prominatedly displayed at the entrance to the dining room and each resident is offered a choice for the following day. If they wish to change their choice on the day this will be facilitated.

Standard 26: Health & Safety.

The broken toilet door and television will be replaced or repaired straightaway.

Comment:

While it is accepted that details of Management of MRSA was not included in the Infection Control Policy, we wish to point out that this element of the Infection Control Policy had been temporarily taken out to distribute among the staff to make them familiar with same.

The Proprietors and Management appreciate the advice and assistance provided by the Inspection team.

Provider's name: Drescator Ltd.

Date: 27 May 2010