



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Heatherfield Nursing Home
Name of provider:	J & N Sheridan Limited
Address of centre:	Bush Lane, Raynestown, Dunshaughlin, Meath
Type of inspection:	Unannounced
Date of inspection:	21 February 2023
Centre ID:	OSV-0000140
Fieldwork ID:	MON-0039025

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Heatherfield Nursing home is situated just outside the town of Dunshaughlin in county Meath. The designated centre provide 24 hour nursing care for up to 30 residents over 18 years of age, male and female. Care is provided on both short-term and long-term residential basis, to all dependency levels and for a variety of needs including: care of the older person, dementia care, palliative care, respite and convalescent care. Accommodation is provided in 21 bedrooms spread over two floors. There are 14 single rooms, five twin rooms and two three-bedded rooms. Other facilities include three sitting rooms, one dining room, a sun room and access to secure courtyard and garden. The centre is decorated and furnished to a high standard throughout. The philosophy of the centre is to provide each resident with the highest quality professional standards of professional nursing care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 21 February 2023	09:00hrs to 17:00hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

Residents spoke very highly of the care they received in the centre. One resident who spoke with the inspector said 'I am so lucky to have got a place here as it's the most lovely place ever'. This resident explained how life was in the centre and how they were provided with a selection of activities and the staff always reminded them throughout the day what was going on in the centre. They also informed the inspector about their preference for a certain drink and that the provider always ensured it was made available to them.

Another resident who spoke with the inspector said how the staff were so kind to them and that they 'had a great respect for their religious beliefs and allows them time to pray and reflect'.

All residents appeared very happy with the service. They spoke very highly of the provider and the person in charge. Resident were observed calling them by their first name and both the provider and person in charge were well-known by the many visitors on the day of the inspection.

The inspector spoke with visitors who were also very happy with the service. They said 'staff are kind and caring', 'very respectful' and 'always so respectful to their relatives'.

Residents bedrooms were found to be clean and uncluttered. Each room was found to be homely with personal items displayed. Each resident had access to their own television. The centre had single, twin and three-bedded bedrooms. There was a large sitting room available for residents which led into the dining room. There was large assisted bathrooms on both the ground and the first floor. On the day of the inspection there was a painter working on the first floor as many of the bedrooms were being renovated.

Staff that spoke with the inspector were very knowledgable about the residents they were caring for. They were observed to be chatting to residents about their children and relatives by names, and the residents appeared content in their company.

There was a patio area at the front of the designated centre. The person in charge told the inspector that any resident that wishes to go out to sit there needed to have supervision as it was not enclosed and there was easy access to the road.

The next two section of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being provided.

Capacity and capability

Overall, this was a good, well resourced centre with effective governance and management arrangements which ensured residents were supported to enjoy a good quality of life and receive safe quality care.

The governance of this centre was robust. The provider J and N Sheridan Limited has three directors two of whom work full-time in the centre one carrying out the role of the provider representative and one carrying out the role of person in charge. The provider representative was present on inspection and demonstrated a willingness to address further areas for improvement identified on this inspection. The person in charge (PIC) was also present. Both parties appeared to have a good understanding of their roles and responsibilities with the lines of accountability clearly reflected in the statement of purpose.

There was a detailed auditing process in place. These audits guided the provider and person in charge on where improvements were required and allowed them to put improvement plans in place.

There was an annual review in the centre but it contained personal identifiable information and therefore was not displayed for residents to view. However, there was evidence to show that the provider had sought the views and opinions from residents on how they could improve the quality of life for residents in the centre.

The provider had a contract of insurance against injury to residents which also covered other risks, including loss or damage to residents' property.

Staff spoken with were knowledgeable in relation to safeguarding of the residents and what to do if they suspected or observed abuse.

The person in charge notified all incidents and accidents to the Chief Inspector of Social Services. All accidents and incidents in the centre were reviewed by the person in charge and the provider. There were learning outcomes identified and improvement plans put in place.

There was a suite of policies available to guide staff. These had been improved since the previous inspection. They now guided staff on the safe delivery of care to their residents.

Regulation 22: Insurance

The registered provider had a contract of insurance against injury to residents in place.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had an annual review of the quality and safety of care delivered to residents in the designated centre. However, this contained personal identifiable information. A copy of this review was not made available to residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All accidents and incidents had been notified to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, adopted and implemented policies and procedures on the matters set out in Schedule 5.

Judgment: Compliant

Quality and safety

The quality and safety of care provided to residents was of a good standard. Residents were consulted about the organisation and informed the inspector that they decide what colour they want their rooms to be painted. Residents praised the provider on how they were 'very much involved' in the centre and it was very much their home.

Residents that had communication difficulties had their needs attended to with dignity and respect in a discreet manner. Staff knew their residents well and were aware of the communication needs of each resident.

All areas of the centre were found to be clean and uncluttered. There were two

cleaners on the day of the inspection and they were very knowledgeable about their role and responsibilities. However, there were some improvements required in relation to the premises. The flooring in the main sitting room needed repair in one area, the storage of oxygen required review and one twin bedroom that had privacy screens in place were not fitted correctly to allow each resident to have appropriate privacy.

Residents were seen to have sufficient space for personal belongings in their bedrooms and locked storage for valuable items.

Residents had access to televisions, newspapers and radios. Residents were supported to exercise their civil, political and religious rights. Resident meetings were held regularly, and there was a good level of attendance by residents. Records indicated that issues raised at these meetings were addressed.

The inspector observed that residents had access to a range of meaningful activities and social opportunities in the centre. There were activities being provided to residents in groups and also on a one to one level.

Residents had access to an external advocacy service. All staff had received training on safeguarding residents in the designated centre. The centre was not a pension agent for any residents.

There were systems in place for the assessment, planning, implementation and review of the health and social care needs of the residents. The inspector reviewed a sample of residents' records and saw that a variety of validated tools were used to appropriately assess the residents. A number of care plans were reviewed, and records confirmed that residents were involved in the development of their care plans where appropriate, or family members were consulted if residents were unable to participate.

Regulation 10: Communication difficulties

The registered provider had ensured that residents who had communication difficulties, having regard for his or her wellbeing, safety and health could communicate freely.

Judgment: Compliant

Regulation 17: Premises

The registered provider having regard to the needs of the residents did not provide premises which conform to the matters set out in schedule 6, for example;

- The flooring in the main sitting room required repair in one part as it could not be adequately cleaned.
- Oxygen was not stored safely on the first floor, it was placed in the assisted bathroom.
- One twin bedroom did not allow for residents to have private space. The privacy screens were not appropriately fitted.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The person in charge had prepared a care plan, based on the assessments for the residents, within 48 hours of the residents admission to the designated centre. Care plans were reviewed at intervals not exceeding four months or when the residents condition changed.

Judgment: Compliant

Regulation 6: Health care

Residents had appropriate access to a GP (general practitioner) of their choice. Where required residents were referred to other health care professionals.

Judgment: Compliant

Regulation 8: Protection

The registered provider has taken all reasonable measures to protect residents from abuse. All staff had access to training in relation to detection and prevention of and responses to abuse.

The provider was not a pension-agent for any of the residents in the designated centre.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had provided facilities for occupation and recreation. There was an independent advocacy service available to residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Heatherfield Nursing Home OSV-0000140

Inspection ID: MON-0039025

Date of inspection: 21/02/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A redacted copy of the Annual Review of the Quality & Safety of Care Delivered to Residents will be available to all residents by the 15 April 2023.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none">• The flooring in the main sitting room will be replaced by the 20 April 2023.• The oxygen is now stored safely on the First Floor.• All privacy screens have been reviewed and fitted where there are any issues.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	20/04/2023
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	15/04/2023
Regulation 23(f)	The registered	Substantially	Yellow	15/04/2023

	provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Compliant		
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