Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ard Na Rí Nursing Home
Name of provider:	Ard Na Rí Nursing Home
Address of centre:	Holycross, Bruff, Limerick
Type of inspection:	Unannounced
Date of inspection:	17 June 2022
Centre ID:	OSV-0000405
Fieldwork ID:	MON-0037173

About the designated centre

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

Ard Na Ri Nursing Home is situated approximately two kilometres from the town of Bruff in Co Limerick with access to local amenities and services. The centre is a new two-storey building which is currently registered with the Health Information and Quality Authority (HIQA) for 32 residents. There is 24 hour nursing care provided. There is access to allied health services such as physiotherapy and dietitian. The medical and pharmacy team visit weekly and when required. The centre has Skype which allows residents to communicate over the Internet by voice using a microphone, by video using a web cam, and by instant messaging. The centre also has free Wi Fi and residents may freely use mobile phones and have access to visitors at any time. The accommodation comprises all single full en-suite bedrooms. The centre also has assisted toilets and a bath, to afford choice to residents. There is a sitting room, a dining room, a designated kitchen and an area where residents can meet in private. A lift is available to access the first floor of the centre. There is a spacious new garden area and ample on site car parking for staff and visitors.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32

How we inspect

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
Friday 17 June 2022	10:00hrs to 17:00hrs	Caroline Connelly	Lead
Friday 17 June 2022	10:00hrs to 17:00hrs	Susan Cliffe	Support

What residents told us and what inspectors observed

This was an unannounced inspection and the inspectors were guided through the infection control procedures such as hand hygiene temperature checking and mask wearing on entering the building.

The inspectors observed that the centre was a new build which was modern and well maintained. Rooms were single with full en-suite facilities, which offered residents privacy. The residents' bedrooms that the inspectors saw were personalised with family photographs, mementos from home and items of personal furniture. There was plenty of communal space with large open plan sitting and dining rooms opening off the hallway on both floors. A large attractive and well maintained enclosed garden was easily accessible for the residents use.

This inspection was undertaken following information received by HIQA in relation to poor governance, management and oversight of residents and staff records and this inspection was conducted to look at these issues only. Therefore although the inspectors saw numerous residents relaxing and enjoying the well maintained and spacious centre they did not engage with residents or relatives met on site.

Capacity and capability

This inspection was conducted following receipt of unsolicited information that records from the centre were found discarded in a field approximately 10km from the designated centre. The information received relating to the storage, safekeeping, maintenance and governance of records was verified during the inspection.

In order to confirm that the records found were related to this nursing home the inspectors asked to review the directory of residents maintained by the registered provider. A review of the directory provided confirmed that the documents found related to this nursing home.

This inspection found that urgent action was required in the governance, management and oversight of residents and staff records. Robust management systems were not in place to safeguard residents and staff's personal data and to ensure the centre was in compliance with the regulations in relation to retention, safety and accessibility of records .

Ard Na Ri Nursing Home is registered as a designated centre since 1985. The centre

is operated by a partnership with both partners involved in the day to day operation of the centre. Although there was a well defined governance structure in the center which oversees the care of residents, inspectors found that there was no administration staff on site to support a robust system of record management.

The inspectors viewed a sample of four current staff files which were all well maintained and generally contained the requirements of schedule 2, however the inspectors could not be assured that all relevant records in relation to staff employment were on their file or maintained properly by the provider as some of this documentation was found in a different location unsecured off site.

In 2019 the registered provider had implemented an electronic system for the recording of residents assessment and care planning. However even with the electronic system in place a significant number of resident records required oversight and safe storage. Such records included records which predated this new system and other resident records that were continued on a paper based system such as medication administration signing sheets. The system of document storage that was described to inspectors required staff working on night duty to remove completed paper records from resident's folders when they got too full and place them in a box in the office. There were then removed to several different locations in the centre including filing cabinets and in a shed in the grounds of the centre. Some of the filing cabinets were very difficult to access and there was no system maintained to record what was stored where.

One of the inspectors visited the shed out in the grounds and found that resident's records were stored here alongside items, such as gardening machinery, old mobile privacy screens, incontinence wear and new clinical waste bins. Documents were stored in an open filing cabinet and in boxes. There was no system of filing and records from a number of residents were all loosely stored together. Some resident's records were stored in polypockets but not filed by date or type of record. It was very difficult to find residents complete records and the provider could not provide assurance to themselves or the inspectors that records for the last seven years for each resident were available as required by the regulations. In addition the keys to this shed were easily accessible to all staff in the nurses station and the shed was shared with maintenance staff. This did not protect the privacy or integrity of the residents records

One of the partners informed the inspectors that they had another box stored off site approximately seven miles from the centre that contained more records. This box was returned to the centre and was found to contain further residents documents from numerous residents which were legally required to be maintained in the centre.

As a consequence of the above findings, the providers could not provide assurances as to the totality of the records maintained on site..

Overall the inspectors found the system of governance and oversight of resident's records was very poor and records could not be easily retrieved. Inspectors were not assured that all records that should be available on site were actually available.

Respect for residents and staff's personal details was absent. An urgent action plan was issued to the provider following the inspection and the provider was informed of the requirement for urgent action during the inspection. Action was required to ensure a robust safe and accessible document management system was implemented.

Regulation 19: Directory of residents

The directory of residents provided on request was not an accurate reflection of the occupancy of the centre on the day of the inspection. The inspectors identified that there were a number of discrepancies from the sample of residents details looked at.

- three residents present in the centre on the day of the inspection were not listed on the directory of residents inspected.
- two residents were listed on the directory that were not present in the centre who's records had not been updated to reflect their absence from the centre.
- some records did not contain all the information as required as specified in paragraph (3) of schedule 3 such as discharge details or transfer to hospital and date of return to the centre.

Judgment: Not compliant

Regulation 21: Records

There were a number of issues identified with the management and oversight of records that required urgent action.

- Records were not all maintained in the designated centre as set out under schedules 2, 3 and 4 and therefore were not available for inspection by the Chief Inspector. During the inspection another box of records were returned to the centre which had been stored off site. The provider could not provide assurances that this was the totality of records for the residents and staff.
- Inspectors confirmed that some records found off site and provided to inspectors of social services related to staff employed in the centre. Some of these were records that should have been maintained in the centre for a period of 7 years in accordance with the regulations.
- Inspectors confirmed that some records found off site related to people who had been or still were resident in the designated centre. Some of these were records that the Schedule 3 of the regulations required the registered provider to retain in the centre for a period of not less than 7 years.

- Records were not maintained in the centre in a manner that they were safe and accessible. A number of records were kept in an outside shed alongside other equipment and items. These were not not filed and stored safely and appropriately. The key to this shed was easily accessible to all and therefore records were not secured. Other records were stored off site and the provider was not able to offer assurances that all records were available on the day of the inspection.

Judgment: Not compliant

Regulation 23: Governance and management

The governance and management systems and resources in place in relation to record management required action to ensure a robust safe and accessible document management system was implemented.

- There was not a robust system in place for the management of resident and staff records to ensure that record management was safe appropriate, consistent and effectively monitored.
- There was not sufficient resources allocated to the management of records and nursing staff on night duty were given responsibility to remove excess residents records. The registered provider did not ensure that the management structure identified the lines of authority and accountability and detailed responsibilities for the management of records in the centre.

Overall the inspectors found the system of governance and oversight of resident's records was very poor and records could not be easily retrieved. Inspectors were not assured that all records that should be available on site were actually available. Respect for residents and staff's personal details was absent. An urgent action plan was issued to the provider following the inspection and the provider was informed of the requirement for urgent action during the inspection.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Although the provider had a comprehensive policy in place for the creation of, access to, retention of and destruction of records, this policy was not adopted and implemented in the centre. The practices in the centre were contrary to their policy on access to, retention of and destruction of records and records were not maintained in line with the policy which outlined the providers obligations as outlined under the care and welfare regulations.

Judgment: Substantially compliant

Quality and safety

Although the inspectors saw a calm relaxed and homely centre and overheard lovely person centred interactions between residents and staff this section of the service was not looked into during this inspection.

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 19: Directory of residents	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	

Compliance Plan for Ard Na Rí Nursing Home OSV-0000405

Inspection ID: MON-0037173

Date of inspection: 17/06/2022

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 19: Directory of residents	Not Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: At the time of the inspection, the centre was operating separately and simultaneously a hardcopy and an electronic directory of residents. The centre has following the inspection examined the applicable regulation and standard pertaining to the establishment and maintaining of a directory of residents and type of system around same. Following the inspection and going forward the directory of residents as required under Regulation 19 and matters prescribed in paragraph (3) of Schedule 3 will be maintained in electronic format. It is acknowledged that the hardcopy of the directory of residents was not an accurate reflection of resident occupancy at the time of the inspection. However, the electronic version was up-to-date. In line with requirements set out under Regulation 21(3) Records & Schedule 3, the hardcopy of the directory of residents will be retained safely and securely for the specified period as will the electronic version going forward.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All available records on site have been collected and are safely and securely stored in designated areas which require authorised access. Records will be stored in a structured and orderly and accessible manner to allow easy and ready retrieval. A database of all records being retained is being compiled and ongoing. Staff information sessions with regard to records management are taking place so as to embed good protocols and practices in a sustained and consistent way. Records will be retained in line with the centres records management policy and matters prescribed in Regulation 21.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The centre's management has undertaken a full review of the procedures and practices around the management of resident, staff and other such records as prescribed in Regulation 21 and Schedules 2, 3 & 4 respectively of S.I. 415 of 2015. The following actions are in place and/ or are continuing:

1. All available records on site and in particular archived records have been retrieved and stored in designated areas. Archived records are stored separate to active records. Active records are defined as current residents residing in the centre, staff currently on the payroll, resident charges for the current year, open complaints and closed out complaints for the current year, notifications for the current year, as well as staff duty rosters, directory of visitors and fire safety records for the current year. These designated areas are assigned for the sole purpose of safe storage of records that the centre is statutorily obliged to retain. Storage of other items are strictly prohibited in these areas. The areas have controlled access only to nominated senior management. The key for access to the archive record store is stored separately from other keys under a secure code operated key box at the main reception. This storage area is also alarmed and any unauthorised entry or intrusion is alerted to senior management. Both the reception area and archive store are covered by CCTV.
2. A full audit of available onsite records for the purposes of establishing a records database is being conducted and ongoing.
3. The centres Records Management policy has been reviewed so that it is site specific to reflect the centres precise procedures and practices on the storage, retention, retrieval and destruction of records. The revised policy will set out a filing methodology where records are stored, retained, retrieved and destroyed in a structured and orderly manner.
4. An administration assistant has been employed to assist in ensuring good records management practices and that such practices are sustained.
5. Records management will now form part of the centre's induction programme for new employees.
6. Information sessions have taken place with the existing workforce at all levels on the centre's records management practices. Such information session will continue to be practiced by the centre.
7. Records management will be included in the centre's calendar of planned internal audits. The audit will test the centre's protocol by seeking various types of records as set out in Schedules 2, 3 & 4 including how they are stored, how easily they can be retrieved and the documented destruction following the lapse of the 7-year time period.
8. The centre has engaged a competent person for the destruction of records. Such person will provide certification around collection and destruction of same.
9. The centre currently has a hybrid of paper and computer-based records and is endeavouring to transition fully to computer-based records. Senior management have participated in refresher training on the in-house resident software records system to enable the centre to transition as is feasible to an electronic system.

10. All necessary stationary and other items are being provided to aid in good records management practices.
11. A service level agreement will be entered into with the host provider of the computerised resident records software system.
12. All staff have been provided with individual access codes to record resident data on the resident software system.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
The centre at the time of the inspection had a comprehensive records management policy. However, this policy has since been reviewed and refined further to reflect the centre's records management practices and that it is wholly site specific. The policy has been adopted and is being disseminated to all staff and further supported with information sessions. It is the intention to fully embrace the procedure and protocols of the records management policy so that they are consistent and sustained.

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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Not Compliant	Orange	05/08/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Red	01/07/2022
Regulation 21(2)	Records kept in accordance with this section and set out in Schedule 2 shall be retained for a period of not less then 7 years after the staff member has ceased to be employed in the designated centre concerned.	Not Compliant	Red	01/07/2022
Regulation 21(3)	Records kept in accordance with	Not Compliant	Red	01/07/2022

	this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the designated centre concerned.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Red	01/07/2022
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	05/08/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Red	01/07/2022
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out	Substantially Compliant	Yellow	03/08/2022

	in Schedule 5.			