<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Heatherlee Nursing Home</th>
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<td>Centre ID:</td>
<td>OSV-0000237</td>
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<tr>
<td>Centre address:</td>
<td>Lawlor’s Cross, Tralee Road, Killarney, Kerry.</td>
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<tr>
<td>Telephone number:</td>
<td>064 663 3944</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:maryobrien1997@gmail.com">maryobrien1997@gmail.com</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Mary O’Brien</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Caroline Connelly</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
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<tr>
<td>26 June 2019 11:15</td>
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<tr>
<td>27 June 2019 09:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
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<td>Outcome 05: Suitable Staffing</td>
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</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
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Summary of findings from this inspection
This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

During this inspection the inspector focused on the care of residents with a dementia in the centre but also looked at other aspects of care. The inspector met with residents, relatives, and staff members throughout the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self-assessment questionnaire which were submitted prior to the inspection.

The centre did not have a dementia specific unit however, at the time of inspection there were ten of the 22 residents residing in the centre with a diagnosis of dementia. The inspector observed that many of the residents required a good level of assistance and monitoring due to the complexity of their individual needs but also observed that a few residents functioned at different levels of independence. Overall, the inspector found the person in charge who was also the owner and provider for the centre and the staff team were very committed to providing a high quality homely service for residents with dementia.

The inspector found that residents’ overall healthcare needs were well met and they had access to appropriate medical and allied healthcare services. The quality of residents’ lives was enhanced by the provision of a number of things for them to do during the day and an ethos of respect and dignity for residents was evident. There was an activity co-ordinator in post who also worked part of her shift as a care staff assisting with morning care prior to providing activities to residents from 11 am to 4 pm Monday to Friday. The activity co-ordinator role was to ensure the social needs of residents were met and this included specific social activities for residents with dementia. The inspector observed a programme of activities in the centre and residents confirmed their enjoyment and participation in same. The inspector found that residents appeared to be well cared for in a homely and friendly manner and residents and visitors gave positive feedback regarding all aspects of life and care in the centre.

The person in charge had carried out on-going improvements to create an environment where residents with dementia could flourish. The overall atmosphere was comfortable and in keeping with the overall assessed needs of the residents who
lived there. Many bedrooms were seen to be very personalised. The inspector found the residents were enabled to move around as they wished. Signs and pictures had been used in the centre to support residents to be orientated to where they were, however the inspector recommended further directional signage would benefit residents to find their bedrooms.

The person in charge had submitted a completed self-assessment tool on dementia care to the Authority with relevant policies and procedures prior to the inspection. The person in charge had assessed the compliance level of the centre through the self-assessment tool and assessed all outcomes as compliant. The findings and judgments of the inspector generally concurred with the provider's judgments with the exception of premises and health and social care needs which the inspector assessed as substantially compliant. The inspector identified that medication management and infection control in certain areas required review. These are discussed throughout the report and 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 Centre's for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. There were a total of 22 residents in the centre on the days of this inspection, 14 residents had assessed maximum and high dependency needs, six residents had medium dependency needs and two residents had low dependency needs. Ten residents had a formal diagnosis of dementia.

There was evidence that residents could keep the service of their own general practitioner (GP) but the majority of the residents were under the care of two GP practices who provided medical services to the residents and visited routinely and more frequently as required. Residents’ medical records were viewed and these were current with regular reviews including medication reviews, referrals, blood and swab results, and therapy notes. Residents’ additional healthcare needs were met. Physiotherapy services were available and paid for privately if required. Dietician and speech and language services were provided by professionals from a nutritional company, who were also contactable by telephone for advice as required. All supplements were appropriately prescribed by a doctor. Residents in the centre also had access to the specialist mental health services. There were visits from community mental health nurses and outpatient appointments were facilitated to see psychiatrists as required. The inspector saw that treatment plans were put in place for residents who displayed behavioural symptoms of dementia. There was evidence that these were followed through by the staff in the centre. Residents and relatives expressed satisfaction with the medical care provided.

The inspector focused on the experience of residents with dementia in the centre on this inspection and tracked the journey of four residents with dementia and also reviewed specific aspects of care such as nutrition, social care and end of life care in relation to other residents. The inspector saw that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Each resident’s needs were determined by a comprehensive assessment. The assessment process involved the use of a variety of validated tools to assess each resident’s risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure related
skin injury among others. The inspector saw that comprehensive mood and behaviour assessments and subsequent specific care plans were developed based on residents identified needs. These care plans were seen to be very detailed, person centred and outlined the specific care and communication needs of the resident. There was evidence that residents and their families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs. The inspector observed that residents appeared to be well cared for, which was further reflected in residents’ comments that their daily personal care needs were well met. Residents, where possible, were encouraged to keep as independent as possible and inspector observed some residents moving freely around the corridors and in communal areas.

Nursing staff told the inspector that a detailed hospital transfer letter was completed when a resident was transferred to hospital. Residents at risk of developing pressure ulcers had care plans and pressure relieving mattresses and cushions to prevent ulcers developing. Staff had access to support from the tissue viability nurse if required and would care was provided in accordance with comprehensive care plans. The inspector viewed the wound care of one of the residents and saw that wounds were assessed using scientific measurements and care was provided in line with evidenced-based practice. Care practices and facilities in place were designed to ensure residents received end of life care in a way that met their individual needs and wishes and respected their dignity and autonomy. Individual religious and cultural practices were facilitated and family and friends were facilitated to be with the resident when they were at end of life stage. There was a visitors room for family members to use if required and staff said families had stayed in the past. Comprehensive end of life plans were seen with decisions made on end of life which included the multidisciplinary team. Many resident choose to stay in the centre and did not wish to be transferred to the acute hospital for treatment unless it was deemed necessary such as a result of a fall.

There was evidence that each resident’s dietary requirements as well as likes and dislikes were well known by catering staff. The inspector saw that in the kitchen the chef had a sheet on the wall identifying Individual resident's preferences, dislikes, special diets and fluid requirements. The chef confirmed that she spoke to residents on a regular basis and received feedback on all aspects of the . The inspector observed that residents were provided with food and drink at times and in quantities adequate for their needs, they were offered choice and menus indicated there was variety. Residents that required specific diets and/or special consistencies of food were facilitated accordingly. The inspector viewed the modified diets and liquidised diets which were presented in an appetising format. The inspector saw that referrals were made to the dietician services for nutritional review and advice, and speech and language therapy if a resident had swallowing difficulties (dysphagia). There was evidence available in residents’ records that allied healthcare recommendations were in place. There was evident that the documentation of a weight loss/gain prompted an intervention once a concern was identified including the commencement of food and fluid charts. Plenty of drinks were available for residents throughout the day with tea/coffee rounds morning and afternoon and the chef confirmed that plenty of snacks were available to residents in the evening and at night time if they required them.
The inspector reviewed practice and comprehension in relation to the management of medicines with a member of nursing staff. Processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. Practice around the storage and monitoring of medicines, including controlled drugs, was in keeping with requirements. Appropriate protocols were in place to ensure that medicines were checked on receipt and stored securely. Prescription and administration records for residents included a photograph and other biographical information as required. Times of administration were recorded and signed as necessary. No residents were self-administering at the time of inspection. The medication trolley was secured and the medication keys were held by the nurse in charge. The inspector observed nurses administering the morning and lunch time medications, and this was generally carried out in line with best practice. There was a system in place for reviewing medications on a three monthly basis by the GP and pharmacist and this was documented in residents’ notes. Controlled drugs were stored in accordance to best practice guidelines and nurses were checking the quantity of medications at the start of each shift. Medications errors were recorded and there was evidence of appropriate actions taken following same. Overall good practices were seen. However, there were a few improvements required identified by the inspector. The maximum daily dosage for PRN medicine (taken only as the need arises) was not consistently recorded and medications that required crushing were not seen to be individually prescribed as such and signed by the GP as is required by best practice guidance..

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that there were measures in place to protect residents from suffering harm or abuse. Staff interviewed by the inspector demonstrated a good understanding of safeguarding and elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The inspector saw that safeguarding training was on-going and training records confirmed that staff had received this mandatory training. This training was supported by a policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise. The centre was not a pension agent for any residents and they did not maintained day to day expenses for residents. All additional charges for hairdressing and chiropody was via an invoice system and the inspector saw evidence that complete financial records were maintained with a robust system in place.
There was a policy on responsive behaviour and staff were provided with training in the centre on behaviours that challenge along with dementia specific training which was confirmed by staff and training records. There was evidence that residents who presented with responsive behaviour were reviewed by their GP and referred to psychiatry of old age or other professionals for full review and follow up as required. The inspector saw evidence of positive behavioural strategies and practices implemented to prevent responsive behaviours and staff spoke about the actions they took. Care plans seen were specific and very person-centred for residents with dementia. The care plans reviewed fully reflected the positive behavioural strategies proposed. They included the actions to take to ensure the continuity of approach by all staff and person-centred de-escalation methods were outlined in residents' care plans. There was evidence that these were followed by staff and the person in charge reported a reduction in the episodes of responsive behaviours in the centre.

There was an up-to-date policy on restraint and there was evidence that the use of restraint was in line with the national policy and best practice guidelines. There was a comprehensive assessment form in place, which clearly identified what alternatives to bed rails had been tried to ensure bed rails were the least restrictive method in use. The inspector was assured by the practices in place and saw that alternative measures such as low profiling beds and sensor alarms were being used to reduce the use of bed rails in the centre over recent years and there had been a continued reduction in bed rail usage. Where bedrails were required for a resident, the inspector saw evidence that there was regular checking of residents, discussion with resident, family where appropriate and the GP.

**Judgment:**
Compliant

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**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The person in charge informed the inspector that residents with dementia and their representatives were consulted with and participated in the organisation of the centre. Residents were enabled to make choices and maintain their independence. Resident surveys were carried out and the person in charge met with residents on a daily basis. Residents were facilitated to exercise their civil, political and religious rights. There was unrestricted access to the garden area from the day room. There were no restrictions on visitors and there were a number of areas where residents with dementia could meet visitors in private. On the day of inspection there were numerous visitors who were
observed spending time with residents in the dining room, in the visitors room, in the bedrooms and in the sitting room. There was a variety of activities available to residents in the centre which were organised and facilitated by an activity coordinator who provided group and one to one activities. The activity coordinator said that she spent one to one time with some residents facilitating for example, music sessions, reading and hand massage.

Positive interactions between staff and residents were observed during the inspection and staff availed of opportunities to socially engage with residents, for example, chatting and singing. The inspector used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. The observation tool used was the Quality of interaction Schedule or QUIS (Dean et al 1993). Three observation periods took place in the sitting room in the centre. Each observation lasted a period of 30 minutes and the inspector evaluated the quality of interactions between residents with dementia and staff during this time. Overall the inspector noted that interactions were positive and meaningful. Staff related to residents in a calm and engaging manner. Residents were referred to by name and there was eye contact between residents and staff members. Staff engaged in social conversation and encouraged residents to participate in activities. The inspector noted that appropriate support was offered where required and residents' different abilities were encouraged. Staff members were seen to engage positively and attentively with residents. The overall evaluation of the quality of interactions was one of positive, connective care. However during one period of observation some task orientated care was evident and there was a priority given to caring over the provision of meaningful activities. During the other two observations more episodes of predominantly positive connective care were seen.

Residents had access to the daily newspaper and residents were observed enjoying the paper. Residents had access to radio, television, and information on local events. Systems for consultation with residents were in place. The inspector evidenced minutes of residents' meetings which depicted how residents were consulted on the centre was run. These meetings were held four times a year, relevant issues were discussed and they were well attended. Feedback was also regularly sought from residents and relatives via surveys, there was evidence of actions taken as a result of issues identified in the residents meetings and from the surveys. On inspection, it was evident that the centre was managed in a way that took into consideration residents' wishes and choices. Residents with dementia were represented and the centre had access to independent advocacy services, the independent advocate visited the centre and contact details were available to the residents.

Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in multi-occupancy and twin bedrooms to protect the residents privacy. During the inspection cautionary signage was added to shared en-suites to ensure the privacy of all residents using them was respected. Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed communicating appropriately with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Effective communication techniques were documented and evidenced in some residents care plans. Residents were treated with respect. The inspector heard staff addressing residents by their preferred names
and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents’ appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear and the hairdresser visited regularly or staff also attended to residents hair styles in a competent manner.

**Judgment:**
Compliant

### Outcome 04: Complaints procedures

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was a policy and procedure for making, investigating and handling complaints. The policy was displayed in the main reception area and is also outlined in the statement of purpose and function and in the Residents’ Guide. There was evidence that complaints are discussed at staff meetings and informed changes to practice.

Staff interviewed conveyed an understanding of the process involved in receiving and handling a complaint. The inspector viewed a comprehensive complaints log and saw that complaints, actions taken and outcomes were documented in accordance with best practice and that feedback is given to the complainant.

There was an independent appeals person nominated and the policy had been updated to include the facility to refer to the Ombudsman if required.

**Judgment:**
Compliant

### Outcome 05: Suitable Staffing

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Residents and relatives spoke positively about staff and indicated that staff were caring,
responsive to their needs and treated them with respect and dignity. Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of regular staff meetings at which operational and staffing issues were discussed. The inspector saw that staff had available to them copies of the Regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents’ needs and life histories. There was evidence that residents knew staff very well and engaged easily with them in personal conversations.

The inspector reviewed staffing rotas, staffing levels and skill mix and was satisfied that there were sufficient staff on duty to meet the needs of the current residents. The person in charge conducted annual staff performance appraisals as part of her staff supervision and to develop staff skills. Records of regular staff meetings were viewed by the inspector.

A variety of professional development training records were viewed, including mandatory training for staff. The staff training and education records viewed by the inspector showed that nursing and care staff had attended manual handling, fire and elder abuse training, dementia training and responsive behaviours training. Many of the nursing and care staff had attended other training including nutrition, end of life training, wound care, infection control and medication management. The inspector was satisfied that the education and training available to staff enabled them to provide care that reflects contemporary evidence based practice.

The human resource policy was centre-specific and included details for the recruitment, selection and vetting of staff. A number of staff were interviewed regarding their recruitment, induction, and on-going professional development. A review of staff records showed that staff were recruited and inducted in accordance with best practice. A sample of staff files was reviewed and those examined were complaint with the Regulations and contained all the items listed in Schedule 2 including satisfactory vetting which was in place prior to all staff commencing employment. Current registration with regulatory professional bodies was in place for all nurses.

**Judgment:**
Compliant

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
The location, design and layout of the centre was suitable for its stated purpose and met all residents' individual needs in a comfortable and homely way. The design and layout promoted the dignity, independence and wellbeing of residents with dementia. The centre is a single-storey building situated near Lawlor’s Cross on the main road from Killarney to Tralee. The premises and grounds were well maintained and a suitable parking area was available to the front of the premises. The size and layout of the premises was in keeping with the statement of purpose, and provided facilities and space that reflected the needs of the resident profile. The centre provided accommodation for up to 22 residents, comprising six single and eight twin bedrooms. There were shared or private en-suite facilities in four of both the single and twin bedrooms. The remaining bedrooms were equipped with a wash hand-basin and there was also access to toilet and bathroom facilities that were well maintained and accessible. Residents’ rooms were comfortable and personalised to varying degrees with each providing a bedside locker, wardrobe and chair. Residents had choice around how their space was organised with personal belongings, photographs and memorabilia. All rooms had natural light and provided adequate space for the use of assistive equipment if necessary. All rooms had a clock and radio or television, and were fitted with call-bell facilities that were easily identifiable and accessible. All twin rooms also had privacy screens in place. There was an enclosed patio garden area at the back of the building with seating for residents to sit out in fine weather. This area also housed the smoking area where appropriate equipment was provided. This included a fire blanket and fire extinguisher in close proximity to the area.

Communal accommodation included a bright dining-room, set for small groups, that was decorated in a homely style with an array of crafts and decorations that residents themselves had made during activities. The dining-room opened into a day-room that was bright, with natural light, where residents could listen to music or watch television and engage in activities. There was also a small reading room with seating where residents could receive visitors in private. The layout of space allowed for movement between communal areas and also provided ease of access for residents to their accommodation on adjoining corridors. There was a small lobby area with seating and the inspector noted that some residents favoured this area to spend time and take their meals. The centre was comfortable and well presented throughout with good use of natural light and decoration. Heating, lighting and ventilation was appropriate to the size and layout of the centre. Kitchen facilities were laid out and appropriately equipped for the size and occupancy of the centre. The centre had adequate stock of assistive equipment, such as wheelchairs and hoists, to meet the needs of the residents. Appropriate storage was available as required. Staff were also provided with their own changing and storage area. The environment and atmosphere overall was relaxing, homely and very clean throughout. Signage and cues were generally available to assist residents with perceptual difficulties and other residents to locate facilities independently. Further directional signage to bedroom areas would be beneficial. Furnishings were generally in good condition and comfortable. However, the inspector noted that a chair in one residents room had torn upholstery on the arms which would make it difficult to clean therefore was an infection control risk and required repair. The laundry area was small in size and it was difficult to separate clean and dirty linen this required review to meet infection control standards. Floor covering in a bedroom was
noted to be lifting and in need of repair the person in charge was aware of this and was in the process of getting it repaired.

**Judgment:**
Substantially Compliant

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**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
<td>Date of inspection:</td>
<td>26/06/2019</td>
</tr>
<tr>
<td>Date of response:</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The maximum daily dosage for PRN medicine (taken only as the need arises) was not consistently recorded and medications that required crushing were not seen to be individually prescribed as such and signed by the GP as is required by best practice guidance.

1. Action Required:

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
G.P. contacted for designated residents and visited on 10/07/19 and charted the maximum daily dosage for PRN medications. Prescribed for crushing on the special instructions’ column on drug charts of residents requiring crushing of medications due to their medical condition.

Proposed Timescale: 17/07/2019

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There were a few issues identified with the premises that required action
The inspector noted that a chair in one residents room had torn upholstery on the arms which would make it difficult to clean therefore was an infection control risk and required repair.
The laundry area was small in size and it was difficult to separate clean and dirty linen this required review to meet infection control standards.
Floor covering in a bedroom was noted to be lifting and in need of repair.

2. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
Chair in Room 4 repaired on 28/06/19.
Awaiting contractor to discuss layout for additional area for segregation of laundry.
Floor covering to be repaired

Proposed Timescale: 30/09/2019