

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Portiuncula Nursing Home
Centre ID:	ORG-0000084
Centre address:	Multyfarnham, Mullingar, Co. Westmeath, Westmeath.
Telephone number:	044 937 1911
Email address:	phil@newbrooknursing.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Newbrook Nursing Home Limited
Provider Nominee:	Philip Darcy
Person in charge:	Ericka Eris
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	Catherine Rose Connolly Gargan
Type of inspection	Unannounced
Number of residents on the date of inspection:	53
Number of vacancies on the date of inspection:	7

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgements about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with 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.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 October 2013 09:00 To: 03 October 2013 17:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection the inspector met with residents and staff members. The Inspector observed the delivery of care and reviewed documentation that included care plans, medical records, accident logs, policies and procedures and staff files.

This was the sixth inspection carried out by the Health Information and Quality Authority (the Authority) and reviewed progress with completion of the action plan developed following the last inspection by the Authority in November 2012. The findings of the inspection are set out under 11 Outcome Statements. These outcomes outline what is expected from a designated centre and are based on the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The inspector found that the centre was managed by a well organised team who demonstrated their commitment to ensuring that the care and quality of life of residents was in keeping with their choices. There was evidence that residents were supported to remain independent and the centre had access to transport that enabled residents to go out every week to do shopping or visit places of interest.

There was also weekly support from an in house physiotherapist who undertook individual programmes with residents and advised staff on actions to take to support residents to maintain their activity levels.

The person in charge and the care team had good knowledge of residents care needs and could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

Although improvements had been made to staffing numbers in the mornings and the way staff were deployed, the inspector found indicators during the inspection that further review was necessary. The review was required to address the lack of meaningful activities noted on the upper floor for residents with specialist needs while the activity coordinator was engaged in providing recreational activities on the ground floor. The quality of the activities provided on the ground floor was compromised by multiple interruptions as the activity coordinator was supervising residents and therefore was attending to their needs while also carrying out facilitating an activity programme for them.

The inspector found that while residents were well cared for in addition to having all their needs met. However, this was care documentation did not adequately reference the full extent or adequately advise on the activities of care required to meet the complex needs of the residents in the centre. Subsequently evaluative information in daily progress records were not linked to assessed needs nor provided a detailed record of the care and therapies provided.

The centre provided a spacious and attractive environment for residents. There were several sitting areas where residents could sit together or where they could choose to spend time alone. The standard of decoration was good and the centre was well maintained. There were aspects of health and safety that required attention both internally and externally to mitigate risk to residents and others. These included a radiator at a high temperature, hazardous external pathways, no call bell in the smoking room and risk of unauthorised access to medications. There were ongoing aspects of the fire safety precautions that required improvement since the last inspection by the Authority in November 2012.

This inspection was a follow-up inspection to the registration inspection and to monitor progress with eight actions where breaches of the Regulations were identified and a further 31 actions over 11 Outcomes were identified from findings. These actions were reviewed during this inspection. Nine actions were fully completed. While some of the remaining actions were in progress at varying stages of completion, there were some actions that were ongoing without evidence of address. These included medication management and fire safety management. Actions not adequately addressed have been repeated in the Action Plan at the end of this report which repeats mandatory improvements that must be made to meet the requirements of the Regulations and the Authority's Standards.

Section 41(1)(c) of the Health Act 2007 Compliance 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a statement of purpose that appropriately described the staff groups, services and facilities available in the centre. A copy of the revised document was forwarded to the Chief Inspector as required.

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector viewed a sample of current resident contracts. A schedule of services which were free of charge to residents and included in the fees were detailed. The provider informed the inspector that the terms of the services that incurred an additional charge were agreed privately between the resident or resident's family and the service provider. For example, chiropody consultations, newspapers and hair dressing services.

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge was on duty during the inspection by the Authority. She had kept her skills up to date since commencing in her role as person in charge in Portiuncula Nursing Home on 20 August 2012. She had completed a course in Practice and Principles of Infection Control in April 2013 and internal mandatory annual training courses including fire safety and elder abuse detection and prevention training.

She was well informed regarding the areas in the premises that needed attention such as limited storage facilities and fire evacuation procedures and had overseen quality improvement works in commissioning an additional storage room opposite the residents sitting room area facilitating storage when not in use and when required, easy access to wheelchairs and assistive chairs.

During the inspection she conveyed that she knew residents and their care needs well. She was aware of residents who had specific needs and those that were particularly vulnerable to risks such as falls. Residents told the inspector that they were familiar with the person in charge and knew her by her Christian name. The person in charge worked full-time and there was a suitably qualified senior nurse identified to take charge in her absence.

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies 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).

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector reviewed the Residents' Guide document dated July 2013. It included contact numbers for the pharmacist should any of the residents wish to avail of one to one advice on their medications. A list of activities for the residents' recreation was documented in addition to chiropody consultations, hairdressing and newspapers as activities that incurred fees. The schedule of these fees was not included but it was indicated that they were not included in the nursing home fee.

The inspector reviewed a sample of documentation belonging to four residents with varying physical and mental health needs, including their care plans and nursing and medical records. While each resident had a documented care plan, improvements were required to bring records to a standard where all the residents needs were documented and evaluated during each shift of work to ensure their health and wellbeing was adequately monitored. Improvements were also required in documenting each residents care needs in a care plan. This finding is discussed further in Outcome 11.

Not all faxed medications were transferred to the residents' medical prescription documentation within 72hrs as stated in the centres medication management policy.

Findings during the inspection by the Authority in November 2012 concluded that satisfaction with the outcome of how complaints were investigated and resolved was not always documented and it was not clear from the record maintained if the complainant was satisfied with the outcome of action taken.

The inspector reviewed the complaint documentation in the centre and found that satisfaction with the outcome was documented. The summary documentation in the Residents' Guide did not accurately reflect the required complaint management process and required review to ensure residents were informed how their complaints would be managed and who had responsibility for completion of each stage of the process to resolution.

Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector observed staff interacting and engaging with residents in gentle, patient and meaningful ways. Residents spoken with spoke highly about the care given to them by staff working in the centre and confirmed that they were kind and patient towards them. The training records reviewed by the inspector recorded eight staff had not completed mandatory training in moving and handling techniques as required every two years. A total of 33 staff had not attended annual elder abuse recognition and prevention training for 2013. Four of which had no reference to attendance at this training at any time, a further 29 staff attended training in 2012, a renewal date for retraining recorded for 2014 (a two year period), although the records advised that this training was required to be completed annually.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Overall risk identification was identified as being in non-compliance with the Regulations and the Authority's Standards at the last inspection by the Authority. While most hazards that posed a risk to residents identified for action by the Authority at the last inspection in November 2012 were satisfactorily completed, the inspector identified new hazards at this inspection. Therefore risk identification with stated actions to mitigate any risks identified continues to be of an inadequate standard. As such, this finding by the Authority continues to require proactive action by the provider to ensure that health and safety management in the centre provides appropriate safeguards for residents and visitors throughout all parts of the building and grounds.

The risk management policy was reviewed. The documentation was amended to identify hazards informed by review of the safety of the environment, by review of adverse incidents such as falls, trips and near misses, in addition to hazards found by the Authority during the previous inspection of the centre. However, the inspector identified further hazards to the safety and wellbeing of residents at this inspection that were not addressed in the risk management documentation. For example, risk associated with the centre's heating system manifested by overheating of individual radiators. A single radiator was found to be very hot on the ground floor on the last

inspection of the centre and although action was taken by the provider to correct, the inspector found that the same issue was re-occurring with a radiator on the first floor on this inspection. A schedule of checking of radiator temperatures had been put in place following the inspection in November 2013. However, it failed to identify the overheated radiator on the first floor which posed an ongoing burn injury risk to residents.

Additional unidentified risks and associated control precautions included the following:

- potential access by unauthorised persons to the clinical room which included medications
- unclean towels draped over equipment in the hair salon
- no emergency call bell in the smoking room
- heavy fall of leaves on areas of an external footpath which posed a risk of slip injury to vulnerable residents
- an unsteady anchor pole on one of the stair gates.

The inspector reviewed the actions taken by the provider on previous findings by the Authority that presented safety risks and found the following a radiator in the bar area which was very hot to touch at the last inspection was cool throughout this inspection. The inspector found that room temperatures were monitored throughout the centre and the sensors recorded 22°C to 23°C on the day of inspection. A temperature monitoring procedure was in place where staff reviewed the temperature readings on sensors and radiators located throughout the centre. However, the recording sheet was not location specific and was checked by a tick. A radiator located on the corridor outside room 228 on the first floor was very hot to touch and posed a risk of injury to vulnerable residents.

Trip hazard posed by the storage of hoists outside the office area on the upper floor had been mitigated by placement of assistive equipment in a newly refurbished storage room opposite the day room on the ground floor which also afforded ease of access.

Spring loaded door closures fitted to the tops of doors on some rooms were difficult to push open at the last inspection and had been subsequently released by the provider. The inspector assessed a number of room doors on this inspection and found them to open with ease.

The inspector found that following the last inspection by the Authority in November 2012, an additional fire extinguisher had been placed in the laundry area to enhance fire safety there. A tie back was also placed on curtains in the bar area to ensure un-obscured visibility of the fire alarm activation unit. Review of the staff fire safety training records evidenced 30 staff had not attended fire lecture training for 2013, 10 of which had no training recorded for 2012 either. In addition, 24 staff had not participated in a fire drill in 2013. The fire action signs were amended to indicate the location of the fire panel and the location of the fire assembly point in the grounds. However, the assembly point to the back of the centre was not visible on exiting the fire exit doors on the centre and there was no sign to provide guidance to its location. The assembly area at the front of the building was compromised by the vehicular traffic around the centre. This risk was clearly identified in the centres risk identification documentation.

However, the inspector concluded that the following unaddressed deficits continued to compromise the fire safety arrangements in the centre:

- The daily checks of the fire exit doors were recorded as described in the centre's fire

prevention policy. While nursing staff confirmed that they checked the fire exits and fire doors each day and identified any malfunctioning doors to maintenance staff, the confirmatory records required revision to reference each fire exit for corresponding checks.

- Records of the emergency lighting function checks were inconsistent and did not record weekly checking as required.
- Records of the fire alarm function checks were inconsistent and did not record weekly checking as required.
- The path to follow from the fire exit in this room to the assembly point was not identified.

There were infection control guidelines available for staff and 49% of staff had attended training on this topic, attendance was referenced in the training records as required every two years. An influenza vaccination programme for residents had commenced on 24 September 2013. The influenza management policy was available and due for review on 12 December 2013. A record was maintained of residents who had received influenza vaccination which also recorded residents who choose not to receive vaccination.

Twenty seven residents had received vaccination on the day of inspection.

Arrangements for staff to avail of the influenza vaccination were in place and on receipt were recorded by the Person in Charge for reference as preparation in the event of an outbreak this winter. While procedures to follow in the event of influenza infection in the centre were documented in the advisory documentation the contact details of the local public health office out of normal working hours was not referenced. The designated hand-washing sink in the clinical medication preparation and storage room did not comply with the Health Service Executive's (HSE's) Health Protection Surveillance Centre's Guidelines for Hand Hygiene (2005). An overflow port and a grid were present in the water outlet port of the sink in place.

The inspector found that an extensive lawned maturing garden was laid over previously uneven and hazardous surfaces to the rear of the centre. The garden was fenced off and had a number of paved pathways including one from the bar/conservatory room to a central seated area, facilitating residents to enjoy the facility independently. Flower beds and small rose gardens were in place. A fenced off area to the side of the garden and accessible to residents contained a chicken coop. While the lawn was recently mowed, some attention was required to clear weeds growing up through the paving on areas of the pathways, in the flowerbeds and in the rose gardens.

The centre has two stairways that are in close proximity to resident areas which required action following review during the last inspection to safeguard residents. The inspector found during this inspection that stair gates were fitted at the top of both staircases. The person in charge told the inspector that some residents who previously used the stairs to access the ground floor now favoured use of the lift. The timing of the closing mechanism on lift doors had been extended to afford time to residents whose mobility was slowed. While both these quality initiatives improved residents' safety, the Inspector found that the stabilisation post of one stair gate was unsteady and required improved anchoring.

The falls prevention policy document was not comprehensive, not centre specific and did not provide clear guidance on aspects of falls management such as preventative actions

on review at the last inspection in November 2012. The inspector reviewed the policy during this inspection and found that a falls risk assessment flow chart was added to the falls management policy to enhance risk mitigation. Completion required review of residents medications. For example, diuretic administration times, psychotropic use and mapping of resident activity to identify most vulnerable periods for residents who were at risk of falling or had fallen. Referral to appropriate services was documented in the policy including the optician for visual assessment.

Residents who sustained a fall or were assessed as being at high risk of falls were also referred to and reviewed by the centres physiotherapist who advised on proactive specific preventative measures. While there were no low to ground beds, the inspector observed a number of the residents beds profiled lowered to a position within close proximity to the floor. Some residents wore hip protectors.

Residents at risk of falls or of developing pressure area problems were identified in a clinical risk register. A monthly falls audit was completed by the person in charge. A Clinical Risk Committee was in place and was attended by the person in charge.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The absence of hand-washing facilities in two areas used for medication preparation on the ground floor had been addressed by relocation and amalgamation of the two medication rooms into a single medication preparation and storage clinical area which was spacious, clean and well equipped with storage space. A key-coded lock was fitted to the door of this room but the door was held ajar on many occasions throughout the inspection. This finding posed a risk of access by unauthorised persons to potentially hazardous medications.

The actions required from the previous inspection in November 2012 were partially implemented. The deficits identified were that medication audit and review system was confined to checking medication supplies when delivered to the centre and the inspector concluded that a more comprehensive audit programme should be put in place to ensure that all aspects of medication management were reviewed regularly in accordance with good practice guidance. The pharmacist completed a comprehensive audit of residents' medication that identifies where medication review is required or

medication incompatibilities on the prescriptions. The person in charge conducts a weekly audit in reviewing delivery parameters. However, an audit of medication management practice within the centre is necessary to identify and address findings by the Authority at this inspection for proactive management and included the following:

- Faxed prescriptions were not transferred to the residents medication prescription documentation within 72hrs as stated in the centres medication management policy. The inspector found that two residents were being dispensed antibiotic medications from faxed prescriptions, one was dated 27 September 2013 (6 days old) and one was dated 28 September 2013 (5 days old) on the day of inspection.
- Residents medication prescriptions were not signed by the GP in line with recommended medication prescribing practices. The inspector found that some medications on the prescriptions were not signed by the GP and in a large number of cases the GPs signature was entered outside a bracket extending vertically along the length of all the medications prescribed.

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

This action was not satisfactorily completed. While there was evidence of systems in place to review aspects of the quality and safety of care and quality of life of residents, a report as described in the Regulations had not been compiled on the day of inspection. The provider informed the Inspector that a report was been prepared and when complete would be forwarded to the Chief Inspector. The Authority received a copy of this report on the 24 December 2013.

The person in charge had completed satisfaction surveys with residents and a number of safety of care audits. She had also completed a review of how the service meets the Authority's Standards and following analysis had documented areas of deficit for improvement. However, this information was not transferred to a quality improvement plan and as such improvements were difficult to quantify in terms of the actions planned, person responsible for actioning and the timeframe for completion in relation to each of the deficits found.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There were 53 residents in the centre on the day of the inspection. The majority (37) were in the maximum and high dependency care categories. Many residents were noted to have a range of complex healthcare issues and the majority had more than one medical condition. Nine residents had a diagnosis of dementia/Alzheimer's while many others had conditions that affected their mental wellbeing and were all stable.

Challenging behaviour was identified and fluctuations in cognitive and emotional states were described to prompt staff on the interventions to take to ensure the safety of the resident and staff. There was evidence of good community psychiatry of older age support for residents in the centre. While there was evidence that residents and staff had good support from the community palliative care services, none of the residents were in receipt of palliative or end-of-life care. There were three residents in receipt of respite care. The centre provides respite care to three residents from the community each week.

There was one chronic wound care problem receiving appropriate attention, the condition and treatment plan of which was regularly monitored and assessed. They were no residents with pressure related sores. The inspector saw that where residents needed specialist equipment their needs were assessed and the appropriate equipment such as pressure relieving cushions or specialist chairs were made available.

The comfort of residents who had limited mobility was promoted whilst seated by staff draping a clean sheet over the vinyl covering of the chair surface. Two recently admitted residents were receiving nutrition by means of a percutaneous endoscopic gastrostomy (PEG). This method of nutrition administration was in place for many years for both residents prior to admission to Portiuncula Nursing Home. There was no evidence of assessment of their swallowing reflex status since admission to the centre by the Speech and Language Therapy service to ascertain baseline parameters and the suitability and safety of this method of food intake for them. The inspector was informed that one of

the residents suffered from recurrent chest infections, the cause of which was unclear but the possibility of aspiration of liquefied nutrition preparation administered had not been assessed.

Staff were knowledgeable about the care and treatment provided to residents. When spoken with in relation to a range of topics regarding their work such as resident needs, care practices, protecting older people, healthcare issues and the administration and management of medication their knowledge and practice was found to be of a good standard. Residents spoken with confirmed that they experienced care, treatment and support that met their needs, promoted their well being and that they were promptly attended to if they needed assistance. However, this good standard of care was not informed by nor reflected in resident care documentation.

On review of resident care documentation, the inspector found that assessments of need were completed but were not linked to care plans in all cases that detailed the caring actions that were required to be carried out by staff to meet the residents needs identified. For example, some residents who were assessed as being at a high risk of falls did not have a plan of care to mitigate risk to them of injury or loss of confidence from falling. An evaluative entry was made for each 12 hours but was not informative nor adequately linked to residents needs identified through the needs assessment process. It was therefore difficult to determine whether care given was in response to needs was effective or what elements of care given was no longer required and what opportunities to concentrate on to garner compromised independent living skills.

The activity programme was discussed with the activity coordinator and other members of the staff team. There was a good variety of recreational activities to suit all interests and abilities and inspectors had found that social care had a high priority on previous inspections. However, the recent changes in the staff structure had made it difficult to ensure that all residents could participate according to their ability. There was designated time for social care and the inspector saw that activities were scheduled for the morning and afternoon periods. Armchair exercise sessions, reading national and local papers, relaxation to music, storytelling and puzzles were examples of the activities provided. Activities took place in the ground floor sitting room which the inspector noted was very crowded during the afternoon periods. Residents on the upper floor remained there during the morning and spent time in the sitting area. There was regular supervision from staff but the inspector found that staff changes every half an hour did not facilitate the provision of meaningful activity and was somewhat disruptive for residents although staff were noted to be very engaged talking and chatting to residents while they read newspapers and discussed the news of the day.

The inspector found that residents were encouraged to maintain contact with the local community and to go out regularly. Each week a trip was organised to a place or recreation of interest. The inspector spoke with three of six residents who recently transferred from another care centre in Mullingar. While these residents were complimentary of the care and comforts they experienced since admission, they expressed a wish to return to living in Mullingar. The provider and person in charge were actively making efforts to meet their wishes. Transfer to another centre in the group located in Mullingar was organised for one of the residents and was in progress. In the meantime, the provider had arranged that the company bus would provide free

transport to visitors wishing to visit those residents who had recently transferred to the centre to alleviate their feelings of isolation.

The Inspector reviewed whether the arrangements for facilitating the activity programme were based on the assessed needs of residents and whether it facilitated all residents to participate fully in the activities provided. All residents had an assessment completed that identified their individual interests and abilities. An activity coordinator was on-site from 10am to 6pm seven days each week. The majority of residents congregated in the sitting room on the ground floor where the activity coordinator led out on a recreational programme. However, as she was also fulfilling supervision duties the programme was disrupted as she also attended to residents individual needs as they arose. A small number of residents with advanced dementia care needs remained in the sitting room on the first floor. Due to this arrangement, residents who could mobilise independently were confined to the first floor and were not facilitated to freely avail of a safe external space without one to one support of staff. Although these residents were well supervised by care staff, engagement with the activity provided required prolonged periods of concentration by residents which was difficult due to the nature of their conditions. The inspector concluded that this arrangement could not provide an effective and meaningful programme for the benefit of all residents with specialist needs. Additional staff was required in the sitting room on the ground floor to assist residents so the activity programme could proceed uninterrupted.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

All areas of the centre were comfortably furnished and well decorated. Residents rooms were well personalised and had been made comfortable and homelike by the addition of residents own pictures, decorative items pieces of furniture and photographs. The areas assessed were noted to be clean and in good decorative order. A painting project was under way where the area around the door to the various communal rooms was painted to give the impression of a shop front with old style advertisements displayed on the door, for example the hairdressing salon and dining room. The exterior wall to the room accommodating three residents was painted and decorated to replicate

the features of a porch with a front door.

The uneven grounds to the rear of the building had been addressed and although some minor maintenance was required, were completed to a satisfactory standard. Findings were discussed earlier in this report under Outcome 7. However, residents with a diagnosis of dementia who were accommodated on the first floor could not freely access the garden or a safe outdoor space due to the layout and accommodation arrangements in place in the centre to avail of therapeutic sensory experiences.

The inspector found that a heater and a fan available in the smoking room were now functioning effectively. However the activation pull cord did not have a hand accessible unit fitted to the end of it to facilitate ease of activation for residents whose motor function was diminished. The room smelled fresh and although cooler than the rest of the centre was of a comfortable temperature. There was no sensor fitted in this area to monitor temperature levels in the smoking room.

Environmental temperature monitoring sensors were fitted at various points throughout the centre. The inspector viewed the temperature monitoring records where staff reviewed the temperature readings on sensors located throughout the centre. However, the recording sheet was not location specific and was checked by a tick which did not adequately highlight overheated or cool areas in the centre.

Storage of patient equipment was documented to be an ongoing problem with hoists and wheelchairs sometimes stored in corridors where they presented a trip hazard to residents and staff moving around the building during the last inspection of the centre in November 2012. This action was satisfactorily completed with the provision of a newly refurbished storage area as discussed in Outcome 7.

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

During the last inspection in November 2012 the inspector found that staffing levels and skill mix did not adequately meet the assessed needs of residents, the operation of essential aspects of the service or the size and layout of the centre. There was inadequate hours allocated to the laundry and staff were unable to provide appropriate levels of supervision in some communal areas during the afternoon and evening periods.

The inspector observed that there was good teamwork between staff led out by the person in charge. Residents spoken with were satisfied with all aspects of their care. Staff were regarded as capable and competent by residents that the inspector talked with. There was evidence of training supporting ongoing professional development for staff. Nine staff had attended training on managing challenging behaviour in May 2013 and 15 staff had attended Infection Control training since the last inspection in November 2012. One member of the catering staff had also attended Hazard Analysis and Critical Control Point (HACCP) training in 2013. However, the training records reviewed by the inspector recorded eight staff had not completed mandatory training in moving and handling techniques as required every two years. A total of 33 staff had not attended annual elder abuse recognition and prevention training for 2013. Four of which had no reference to attendance at this training at any time, a further 29 staff attended training in 2012 but had a renewal date for retraining recorded for 2014, although the records advised that this training was required to be completed annually. Thirty staff had not attended fire lecture training for 2013, 10 of which had no training recorded for 2012 either. In addition, 24 staff had not participated in a fire drill in 2013.

There were concerns expressed by some staff about their ability to achieve all the functions that were required during the working day during the inspection of the centre in November 2012. In response the staffing levels were revised by the provider and person in charge. The inspector reviewed the staff rota and found that there was now three nursing staff on duty each morning excluding the person in charge who was scheduled to be on duty Monday to Friday.

There was an additional carer on duty during the morning period which amounted to nine carers. However, there was no increase from six carers during the afternoon and evening. Four carers were scheduled to work on each floor with one carer having a "floating" role and deployed to assist where required in the morning. Three carers and a staff were deployed on each floor in the afternoon and evening. The inspector observed that all residents were supervised up to the time the inspection ended at 5.30pm. The evening activities of residents going to bed and staff supervision of residents remaining in the sitting room were not assessed on this inspection.

The number of activity staff had also been reduced at the time of the inspection in November 2013, this was an area identified as requiring improvement during this inspection as residents who had specialist needs and remained in the sitting room on the first floor did not have access to meaningful recreational activities.

Domestic staff were on duty each day from 8am to 5.15pm each day from Monday to Friday. While the centre was visibly clean on the day of inspection, there was no domestic staff scheduled routinely at the weekends to complete cleaning of the centre. There were no changes made to night staff numbers and there were two nurses and

two carers on duty each night. Nurses told the inspector that each resident had an allocated key worker and an equitable dependency level had been allocated to staff on each floor.

There was one staff employed for laundry duty during the inspection in November 2012. She had responsibility for the laundry for this centre and another centre in the group. The inspector was concerned in November 2012 about the volume of work that had to be completed particularly at the beginning of the week when she had been off duty over the weekend. The provider has since allocated an additional four hours to the laundry on each Saturday.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

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Regulation Directorate
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Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Portiuncula Nursing Home
Centre ID:	ORG-0000084
Date of inspection:	03/10/2013
Date of response:	23/12/2013

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with 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.

Outcome 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The individual costs of additional services available to residents including chiropody consultations, newspapers and hairdressing services were not displayed in the centre, or documented in the Residents' Guide.

The summary documentation in the Residents' Guide did not accurately reflect the required complaint management process and required review to ensure residents were informed how their complaints would be managed and who had responsibility for completion of each stage of the process to resolution.

Action Required:

Under Regulation 21 (1) you are required to: Produce a residents guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

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

The cost of hairdressing services are displayed in the Centre by the independent hairdresser who visits on a weekly basis. We do not provide chiropody, newspapers or hairdressing services. We do arrange for these services to be provided, as required, by third parties. However the resident must agree separately with the third party, any fee for such services.

We have amended the Residents' Guide to reflect the above.

The Residents' Guide contains, at appendix one, a flowchart of our complaints procedure. This was not referred to in the body of the Residents' Guide but it is now.

Proposed Timescale: 23/12/2013

Theme: Leadership, Governance and Management

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The Residents' Guide required updating to include revised complaints procedure details and details of expenses not included in the fee.

Action Required:

Under Regulation 21 (2) part 2 you are required to: Supply a copy of the residents guide to each resident.

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

The updated Residents' Guide has been issued to all residents.

Proposed Timescale: 23/12/2013

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The training records recorded eight staff had not completed mandatory training in moving and handling techniques as required every two years. A total of 33 staff had not attended annual elder abuse recognition and prevention training for 2013. Four of which had no reference to attendance at this training at any time, a further 29 staff attended training in 2012, a renewal date for retraining recorded for 2014 (a two year period), although the centre training records advised that this training was required to be completed annually.

Action Required:

Under Regulation 6 (2) (a) you are required to: Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

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

All training is up to date. The renewal date for elder abuse refresher training is every two years per HSE guidelines. The renewal date for manual handling refresher training is every three years per the HSA regulations. However we carry out refresher training on manual handling every two years.

Several training dates were scheduled in December 2013 to ensure that as many staff as possible received training before the year end.

Proposed Timescale: 23/12/2013

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Risk identification documentation with stated actions to mitigate any risks found did not reference all hazards and therefore did not ensure that health and safety management in the centre provided appropriate safeguards for residents and visitors throughout all parts of the building and grounds.

A schedule of checking of radiator temperatures had been put in place following the inspection in November 2013. However, it failed to identify an overheated radiator on the first floor which posed an ongoing burn injury risk to residents. Additional unidentified risks without associated control precautions included:

- potential access by unauthorised persons to the clinical room which included medications
- unclean towels draped over equipment in the hair salon
- no emergency call bell in the smoking room.

A designated hand wash sink in the clinical medication preparation and storage room did not comply with the Health Service Executive's (HSE's) Health Protection Surveillance Centre's Guidelines for Hand Hygiene (2005). An overflow port and a grid was present in the water outlet port of the sink in place and posed a risk to residents of healthcare associated infections.

Action Required:

Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

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

In addition to checking temperatures the Cleaning Staff will also check that the radiators are not overheated.

The Clinical Room has a keypad lock. Staff nurses have been reminded that the door to the Clinical Room must be kept locked at all times.

A call bell will be installed in the smoking room.

An additional maintenance man will be hired to carry out general groundwork to include clearing leaves.

The Cleaning Staff and the Hairdresser have been reminded to not leave used towels in the hairdressing salon.

A clinical sink will be installed in the clinical room.

The anchor pole for the stair gate will be tightened.

Additional assembly point signage has been installed.

Proposed Timescale: 31/01/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Risk identification documentation with stated actions to mitigate any risks found did not reference all hazards and therefore did not ensure that health and safety management in the centre provided appropriate safeguards for residents and visitors throughout all parts of the building and grounds.

Action Required:

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

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

We endeavour to be proactive in our risk management approach. The Risk Register is reviewed at each management meeting by the CEO and the DON. In addition to this a health and safety meeting is convened every three months with the CEO, DON and Health and Safety Rep in attendance.

Proposed Timescale: 23/12/2013

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was an unsteady anchor pole on one of the stair gates.

There was no sensor fitted to monitor temperature levels in the smoking room.

The recording sheet for environmental and radiator temperature sensor readings was not location specific and was checked by a tick which did not adequately highlight overheated or cool areas in the centre.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

The anchor pole for the stair gate will be tightened.

A thermometer is now in the Smoking Room.

The recording sheet for temperature checks is now amended.

Proposed Timescale: 31/01/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Fire safety management and evacuation procedures were not of an adequate standard.

The assembly point to the back of the centre was not visible on exiting the fire exit doors on the centre, there was no directional signage to provide guidance to its location.

The path to follow from the fire exit from the bar to the assembly point at the front of the centre was not identified.

Action Required:

Under Regulation 32 (1) (b) you are required to: Provide adequate means of escape in the event of fire.

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

Additional directional signage has been installed.

<p>Proposed Timescale: 23/12/2013</p> <p>Theme: Safe Care and Support</p> <p>The Registered Provider is failing to comply with a regulatory requirement in the following respect: All staff had not participated in a fire drill in 2013.</p> <p>Action Required: Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.</p> <p>Please state the actions you have taken or are planning to take: All staff have now participated in two fire drills per year as required by the Regulations.</p>
<p>Proposed Timescale: 23/12/2013</p> <p>Theme: Safe Care and Support</p> <p>The Registered Provider is failing to comply with a regulatory requirement in the following respect: Records required of the daily checks of the fire exit doors required revision to reference each fire exit checked.</p> <p>Records of the emergency lighting function checks were inconsistent and did not record weekly checking as required.</p> <p>Records of the fire alarm function checks were inconsistent and did not record weekly checking as required.</p> <p>Action Required: Under Regulation 32 (1) (c) (v) you are required to: Make adequate arrangements for reviewing fire precautions, and testing fire equipment, at suitable intervals.</p> <p>Please state the actions you have taken or are planning to take: The records documenting the daily fire exit doors have been revised to specify each fire exit.</p> <p>The emergency lighting was not checked for the weeks that the maintenance man was on holidays. We are reviewing the frequency of the checks in line with best practice.</p> <p>The fire alarm was not checked for the weeks that the maintenance man was on holidays. We are reviewing the frequency of the checks in line with best practice.</p>
<p>Proposed Timescale: 23/12/2013</p>

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

All staff had not attended fire training for 2012 - 2013.

Action Required:

Under Regulation 32 (1) (d) you are required to: Provide suitable training for staff in fire prevention.

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

All fire training is up to date.

Several training dates were scheduled in December 2013 to ensure that as many staff as possible received training before the year end.

Proposed Timescale: 23/12/2013

Outcome 08: Medication Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Faxed prescriptions were not transferred to the resident's medication prescription documentation within 72hrs as stated in the centres medication management policy.

Resident's medication prescriptions were not signed by the GP in line with recommended medication prescribing practices.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

The prescriptions will be signed as per the regulations.

Proposed Timescale: 23/12/2013

Outcome 10: Reviewing and improving the quality and safety of care

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A report based on reviews of the quality of care and quality of life of residents was not available and had not been forwarded as required to the Chief Inspector.

Action Required:

Under Regulation 35 (2) you are required to: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.

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

A Quality Report had been completed. However we are reviewing the format of our report for 2014.

Proposed Timescale: 23/12/2013

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Due to the arrangement where residents with specialist care needs were confined to the first floor and the activity coordinator was involved in supervision of the sitting room on the ground floor on an ongoing basis, residents on the first floor could not participate in a meaningful activity programme and residents on the ground floor could not participate in an uninterrupted programme of activities.

Action Required:

Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

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

The Activities programme has been reviewed and ongoing changes are being made to its delivery. Training will be provided for staff where appropriate.

Proposed Timescale: 31/01/2014

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Residents assessments of need were not linked to care plans that detailed the caring actions that were required to be carried out by staff to meet the residents identified

needs.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

A review of care plans has been conducted. Further training and guidance will be provided for staff as appropriate to enable them to complete care plans in line with the Regulations.

Proposed Timescale: 23/12/2013

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Residents on long-term tube feeding methods did not have an assessment of their swallowing reflex status since admission to the centre by the Speech and Language Therapy service.

Action Required:

Under Regulation 9 (2) (b) you are required to: Facilitate each residents access to physiotherapy, chiropody, occupational therapy, or any other services as required by each resident.

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

Residents will be referred to SALT as required by the Director of Nursing.

Proposed Timescale: 23/12/2013

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Residents with a diagnosis of dementia who were accommodated on the first floor could not freely access a safe outdoor space due to the layout and accommodation arrangements in place in the centre.

Heavy fall of leaves on areas of the external footpaths which posed a risk of slip injury to vulnerable residents. Maintenance was also required to clear weeds growing up through the paving on areas of the enclosed pathways, in the flowerbeds and in the rose gardens.

Action Required:

Under Regulation 19 (3) (o) you are required to: Provide and maintain external grounds which are suitable for, and safe for use by residents.

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

Residents suffering from dementia can access the secure garden subject to adequate supervision and risk assessment.

An additional maintenance man will be hired to carry out general groundwork to include clearing leaves.

Proposed Timescale: 31/01/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The activation pull cord did not have a hand accessible unit fitted to the end of it to facilitate ease of activation of ventilation and heating in the smoking room.

Action Required:

Under Regulation 19 (3) (c) you are required to: Maintain the equipment for use by residents or people who work at the designated centre in good working order.

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

The heating and ventilation unit in the smoking room is not activated by a pull cord. It is activated by a motion sensor.

Proposed Timescale: 23/12/2013

Outcome 18: Suitable Staffing

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Residents who had specialist needs and remained in the sitting room on the first floor did not have access to meaningful recreational activities. Residents in the ground floor sitting room did not have access to an uninterrupted activity programme due to staffing deployment arrangements.

There were no domestic staff scheduled routinely at the weekends to complete cleaning of the centre.

Action Required:

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the

designated centre.

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

Staff levels are reviewed at monthly management meetings and more frequently if the needs of the residents dictate. In addition the DON decides how to deploy staff on a weekly basis.

An additional cleaner has been hired to replace the cleaner who moved to another nursing home in Mullingar.

Proposed Timescale: 23/12/2013

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The training records reviewed by the inspector recorded eight staff had not completed mandatory training in moving and handling techniques as required every two years. A total of 33 staff had not attended annual elder abuse recognition and prevention training for 2013. Four of which had no reference to attendance at this training at any time, a further 29 staff attended training in 2012 but had a renewal date for retraining recorded for 2014, although the records advised that this training was required to be completed annually.

Action Required:

Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

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

All training is up to date. The renewal date for elder abuse refresher training is every two years per HSE guidelines. The renewal date for manual handling refresher training is every three years per the HSA regulations. However we carry out refresher training on manual handling every two years.

Several training dates were scheduled in December 2013 to ensure that as many staff as possible received training before the year end.

Proposed Timescale: 23/12/2013