

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Churchview Nursing Home
Centre ID:	OSV-0000126
Centre address:	59/61 New Cabra Road, Phibsborough, Dublin 7.
Telephone number:	01 838 6987
Email address:	anitha@harveyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Willoway Nursing Home Limited
Provider Nominee:	Denis Shaw
Lead inspector:	Nuala Rafferty
Support inspector(s):	Niall Whelton;Shane Walsh
Type of inspection	Announced
Number of residents on the date of inspection:	26
Number of vacancies on the date of inspection:	12

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 judgments 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.

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
14 March 2017 10:30	14 March 2017 18:30
15 March 2017 08:30	15 March 2017 20:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an announced inspection further to the receipt of an application to renew the registration of the centre. The inspection took place over two days. Prior to the inspection the provider was requested to submit relevant documentation to the Authority.

The provider entity and person in charge demonstrated adequate knowledge of the

Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland 2016, in relation to their roles and responsibilities.

As part of the inspection process, the inspector reviewed the documentation submitted, ascertained the views of residents, relatives, and staff members, observed practices and reviewed records as required by the legislation. Feedback from residents and relatives during the inspection was positive and complimentary with comments on the timely and patient response by staff to residents' needs.

Residents had access to medical officers and allied health professionals, such as physiotherapy and speech and language therapists, and access to community health services was also available. Some improvements were required, including improvements to fire safety, risk management and hygiene. Limitations to the use of Room 10, for residents who are not fully mobile, remain. A restrictive condition is included on the current registration certificate in respect of this room.

The action plan of this report highlights the matters to be addressed and also identifies where issues require to be addressed, related to the premises, which did not conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) 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: 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:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A written statement of purpose was available that broadly described the service provided in the centre and contained all of the information required by Schedule 1 of the regulations.

Copies of the document were available in the centre.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A clearly defined management structure that identified the lines of authority and accountability as outlined in the statement of purpose was in place. The person in charge was supported by a senior manager who worked across four other centres within

the Harvey Healthcare group who are the provider entity. An identified senior nurse also supported the person in charge within the centre. Throughout the inspection it was noted that all residents were familiar with the person in charge and senior nurse and many could address them by name.

Systems were in place to review and monitor the standard of care provided including clinical care such as; fall management, pressure area care, restraint and nutrition. Non-clinical aspects reviewed included maintenance of premises and health and safety.

An annual review of safety and quality of care was also in place. A report on the review was available. The report identified quality care indicators to indicate the standard of and safety and quality of service being delivered. Residents' and relatives' consultation and feedback processes included invitations to regular meetings, direct feedback to the provider or person in charge and feedback via a suggestion box.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. 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:
Governance, Leadership and Management

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

Findings:
Each resident had an agreed written contract which dealt with the resident's care and welfare. The contract included all details of the services to be provided for that resident and the fees to be charged. Services offered in the centre which incurred additional fees were listed.
A guide to the centre was available to all residents. Communal areas such as the lobby also had information on display regarding the complaints procedure, evacuation instructions, and contact details for advocacy services.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre was managed by a suitably qualified and experienced nurse who held authority, accountability and responsibility for the provision of the service. It was noted that there was daily engagement in the governance, operational management and administration of the centre. The person in charge facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions.

Judgment:

Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.***

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Records set out in Part 6 of the Regulations were available and kept in a secure place. The statement of purpose and residents' guide were complete and available. A copy of the insurance cover in place was provided which met the requirements of the regulations.

The directory of residents was reviewed and was found to meet the requirements of the regulations and was up to date with records of admissions, discharges and transfers maintained.

It was found that, overall, general records as required under Schedule 4 of the Regulations were maintained including key records such as appropriate staff rosters, accident and incidents, nursing and medical records and operational policies and procedures as required by Schedule 5 of the Regulations. Policies were reviewed on a

regular basis and within the three year timeframe required by the regulations.

It was found that all records listed in Schedule 2 and Schedule 3 of the regulations were being maintained in terms of accuracy and were updated regularly. The inspector reviewed a sample of staff files and found that they met all of the requirements listed in Schedule 2.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Suitable arrangements were in place for periods of absence of the person in charge and the provider complied with his responsibilities to notify the Authority when a change occurred to both the person in charge and the nominated person to replace them. The assistant person in charge was aware of the roles and responsibilities of the position and had the qualifications and experience required by the legislation.

Judgment:

Compliant

Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Actions were required from the previous inspection where it was found that the consideration of alternatives prior to using restraints was not consistently evidenced on assessments. This was addressed on this inspection.

The use of restraints had reduced with bedrails in use for five residents. Inspectors were told this was at the residents' request and followed discussion with key stakeholders including the resident, next of kin and multi-disciplinary team. Staff had received training on the prevention of elder abuse and all staff spoken to knew the systems in place for reporting abuse.

In conversations with them, residents told the inspector that they felt safe and secure in the centre and relatives also confirmed that they did not have any concerns for the safety of their loved ones.

The provider acted as pension agent for a small number of residents. Provision was also made to assist some residents to safeguard small sums of money. The inspector reviewed the system and found all monies given in for safekeeping and subsequently withdrawn, were recorded and signed by two persons. Receipts for purchases were retained. Copies of the account balance with details of transactions were given to residents on a regular basis and on request. Separate bank accounts were set up for residents' pensions and bank statements were provided to residents on a monthly basis.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Inspectors reviewed the fire safety management practices in place, including the physical fire safety features of the building. Inspectors also examined records for maintenance, fire safety training of staff, and policies and procedures relating to fire safety.

Improvements had taken place with regard to the provision of keys for final exits in break glass boxes adjacent to the exit and the provision of some electronic locks connected to the fire detection and alarm system. Oxygen cylinders were stored externally to the building in a dedicated storage enclosure.

Inspectors found that the precautions against the risk of fire required improvement. Storage of combustible painting and decorating equipment was observed in the boiler house. Inspectors brought this to the attention of the provider and were informed that

this was a temporary arrangement while decorating works occurred at the centre. The combustible items were subsequently removed during the inspection.

On the day of inspection, inspectors requested all documentation in relation to fire safety in the centre. There was a fire procedure in place within the centre as required. While this was displayed as per the regulations, given the difficult layout of the building, inspectors found that the procedure was not sufficiently detailed to inform staff and in so far as is reasonably practicable, residents, of the stages of evacuation as described in the fire safety policy. The procedure did not reflect the process of further evacuation of the centre should it be necessary. Inspectors were informed, by the provider, that the evacuation procedure included moving residents through to an adjoining compartment and would await assistance from the fire service. This created a risk to residents should there be a delay in the arrival of the local fire service. Subsequent to the inspection, a copy of the fire safety policy was submitted to HIQA. The policy was found to be comprehensive and did include the process of full evacuation if deemed necessary. This was at variance to what was described to inspectors at the time of inspection.

Inspectors found that the needs of residents in the event of a fire were assessed. This was a collective document which determined if the resident required assistance and determined which evacuation aid would be required. It did not determine how many staff were required to assist the resident in the event of an evacuation. Inspectors found this document would benefit from additional detail on cognitive ability, method of evacuation for both day and night time and details on supervision requirements after evacuation.

In general the building was laid out in a manner that provided an adequate number of escape routes and fire exits. In a number of scenarios, the alternative escape route was by way of a series of external flights of stairs and walkways. Although identified as an alternative escape route in most cases, the external stairway was not adequately protected from the building. Inspectors identified that this escape route required review in the form of a fire safety risk assessment carried out by a suitably qualified person with relevant experience in fire safety assessment. Inspectors were informed by staff that one of the internal stairs was not of adequate width for use of evacuation sheets and therefore may have to rely on the external stepped escape route.

Inspectors observed a resident in a wheelchair in the dining room at first floor level. Although progressive horizontal evacuation was identified to inspectors as the primary means of escape, the alternative escape route was via a series of external walkways and flights of stairs. Evacuation pads were provided at ground floor and second floor only and not readily available for use on the first floor.

To assist in the evacuation of a resident with limited mobility from areas of the first floor, staff would be required to retrieve an evacuation aid from another floor, wasting valuable time during an evacuation

If full evacuation was required, all escape routes from the first floor are stepped and may require evacuation aids for those residents with limited or reduced mobility.

The majority of the final exits were capable of being used at all times, although a number were noted to be locked and required a key to open. In these instances, the key

was provided in a break glass box adjacent to the door concerned. However, it was noted that not all staff had the key on their person and the different exits required different keys. On one occasion during the inspection, the inspector noted that a key was missing from the adjacent break glass box of one exit at ground floor. Staff were unable to open the exit when requested, which created a risk to the safety of residents. This was brought to the attention of the person in charge and this was addressed prior to the end of the inspection. A gate forming part of the escape route from the ground floor was fitted with a shooting bolt which was difficult to open. Inspectors noted an exit from the first floor lounge area was catching and difficult to fully open.

The provider had made the necessary arrangements for fire safety training to be provided to staff. Inspectors spoke with staff who were knowledgeable of the evacuation procedures to be followed and of their role. Inspectors were told that a wheelchair was available at second floor level to assist in the horizontal evacuation of residents at that level. If required to evacuate further from the compartment containing rooms six to eight, the external stairs would be utilised. For those residents who are not ambulant and capable of self-evacuating down the stairs, the evacuation pad would be used. The inspectors were told that the evacuation pad would fit down the internal stairs from this compartment. The inspectors tried moving the evacuation pad in the open position down the internal stairs and found it to be difficult to navigate without a person on it. Inspectors were also told that the use of the evacuation pad had not been tested on the external stepped escape route.

To this end, inspectors were not assured that the means of escape from the upper levels were adequate.

Inspectors were informed that drills take place as part of training only. There was no evidence on the day of inspection that fire drills at suitable intervals took place. Subsequent to the inspection, records of two drills were submitted to HIQA, one of which indicated it took nine minutes to evacuate two rooms on the second floor. Inspectors found that records for drills were not comprehensive enough to provide assurances that the procedure to be followed in the case of fire ensured a compartment could be evacuated in a timely fashion.

Inspectors noted that in the main, the centre was subdivided with construction that would resist the passage of fire. The enclosure to one stairs was not complete. Inspectors noted that one wall forming part of the fire rated enclosure to the stairs was located centrally below an attic access hatch, indicating the stairs enclosure was not adequately protected from adjoining areas from the effects of fire and smoke. Fire doors were provided appropriately throughout the centre, both to contain fire and to subdivide escape routes to allow for progressive horizontal evacuation. Fire doors were fitted with magnetic hold-open devices connected to the fire detection and alarm system which meant that fire doors did not impede day to day circulation within the building.

Inspectors reviewed documentation in terms of regular in-house fire safety checks in the centre and were noted to be completed as would be expected. However, although there were records of monthly checks of the fire door magnetic hold-open devices, there was no record of regular checks of fire doors in terms of maintenance. Inspectors observed that improvement was required in relation to the maintenance of

some fire doors. For example, some were observed to have cold and heat seals missing. Inspectors observed staff wedging open a fire door to the treatment room. The magnetic hold-open device to this door was in need of repair.

The centre was provided with emergency lighting, fire fighting equipment and a fire detection and alarm system throughout. Records showed that the fire fighting equipment, emergency lighting and fire detection and alarm system were being serviced at the appropriate intervals. The fire detection and alarm panel was noted to be functional with no faults indicated.

There was a small store located within an escape stairway which was not provided with smoke detection or fitted with a fire rated door.

Inspectors reviewed the kitchen and laundry facilities and found in general that fire safety procedures were in place. The Inspectors spoke to a kitchen staff member and found them to be knowledgeable about what to do in the event of a fire and they were able to identify the gas shut off valve and suppression system release handle to the inspector.

Inspectors observed an instance of unsafe moving and handling practice during the inspection. Staff were assisting a resident to transfer from a straight chair to a wheelchair. Assistive devices such as a standing hoist or transfer belt were not used. Staff assisted the resident by placing their arms under both shoulders and pulling upwards. This form of lifting is considered unsafe for both staff and residents.

Practices to support good infection prevention and control required improvement. Some aspects of the premises were not cleaned to a good standard. Inspectors saw that dust, stains, and debris had accumulated in some areas. In particular, behind doors, in the corners of communal rooms, bedrooms and corridors, around furniture and radiators and around the padding on some armchairs. Some of the cleaning equipment was not maintained in a hygienic condition including mop heads and cleaning trolleys. Systems were in place to monitor water temperatures and regular water sampling also took place to reduce and prevent risks associated with Legionella.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Written operational policies were in place in the centre relating to the ordering, prescribing, storage, and administration of medicines to residents.

Medicines were supplied to the centre by a retail pharmacy business in an individual monitored dosage system. Medicines were stored securely in the centre in medication trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely within a locked metal cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines.

Nursing staff administering medicines to residents during the morning administration rounds were observed. The administration practice was in line with current professional guidance.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's 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:

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Evidence of timely referral and review by a range of medical and allied health professionals was found with documented visits, assessments and recommendations by dietician, speech and language therapist, physiotherapist and occupational therapist reviews.

Samples of clinical documentation including nursing and medical records were reviewed. These showed that all recent admissions to the centre were assessed prior to admission. Transfer of information within and between the centre and other healthcare providers was good. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were maintained.

Systems were in place for the assessment, planning, implementation and review of healthcare needs. This included nursing assessments, care plans and clinical risk assessments. Samples of these clinical records were viewed. The inspector found that these contained the minimum information required to manage the health problem. The information was general and not person centred. Some assessment forms viewed were not fully completed. In one example only one out of ten aspects of an assessment was completed. Care plans were reviewed on a regular basis and as required when needs changed, although the reviews did not consider the effectiveness of the care plans to manage the identified needs.

The inspectors discussed the need to improve the care planning and assessment processes with the provider, senior managers and person in charge at the conclusion of the inspection. Examples of care plans that were not specific enough to fully direct care included: management of responsive behaviours, moving and handling and skin care. Some residents with responsive behaviours were not always compliant with the care interventions in place to manage their needs. However, on review of a sample of care plans none referenced the behaviour or included measures to manage it. One moving and handling care plan did not clearly identify whether assistive devices were required to assist the resident and did not direct staff to reference the moving and handling assessment for guidance.

Inspectors noted that pressure relieving mattress systems were provided to residents with risks associated with pressure ulcer development. These devices are used as part of prevention and treatment strategies for pressure ulcers. Assessments and care plans were in place to manage these risks. The optimal recommended setting for some of these pressure relieving mattress systems are linked to body weight. However, inspectors found that some of the mattresses were not set at the correct setting for the resident's body weight. The care plans viewed did not reference the need to monitor weight and ensure the pressure relieving mattress was at the correct setting linked to the resident's body weight.

Judgment:

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The majority of actions required to renovate the premises in line with the regulations and standards for older persons services were implemented on this registration inspection.

The provider had reduced the capacity of two three-bedded rooms (rooms 8 and 9) to twin rooms. Room 11, formerly a four-bedded room, was renovated to divide the room into two twin bedrooms (now rooms 11a and 11b). However, limitations to the use of Room 10, for residents who are not fully mobile, remain. The current layout of bedroom 12 (a three-bedded room) although meeting the minimum required space per person in line with the regulations, did not maintain privacy and dignity in terms of appropriate screening. Inspectors also considered the proximity of the three beds in Room 12, located beside each other. Inspectors considered that the available space would affect the ability of staff to carry out personal care with residents in private. Spaces were limited between beds to adequately access and provide care to residents if assistive equipment was required. For example, in order to use a hoist to assist residents, beds would need to be moved away from the wall, bed lockers or other furniture may need to be moved, encroaching on the personal space of the resident in the next bed.

This room was vacant at the time of the inspection and a full determination of any potential negative impacts could not be made.

It was also noted that, with the exception of the mid landing section containing room 10, all other levels contained an accessible communal bathroom and toilet facility for use by residents.

The premises were not originally designed for the care and welfare of older people. It consisted of three former, terraced townhouses, now interconnected and laid out over three levels. A lift was available to bring residents safely between levels. There was a secure garden to the rear with a designated smoking area. The garden contained shrubs and plants and safe walkways. It is overlooked and accessed through a sunny conservatory room on the lower ground floor. A second sitting room was located on the

middle floor. The centre was warm and assistive equipment was in working order. Service records were up to date and maintenance contracts were in place.

Improvements to aspects of the premises to meet the requirements of the legislation and national standards for older people by 2021 were required and included:

- Maintenance was ongoing, although some areas where further maintenance was required were noted such as: exposed wood on skirting boards and some furniture, and the integrated bed rails on some beds were chipped. Repairs to, or replacement of, bed tables where there was a build up of rust, and one wardrobe where there was an ill fitting drawer.

Inspectors identified potential hazards associated with trailing wires, wires that had been cut and re-taped and were plugged into a live socket. Televisions in some bedrooms were placed on top of lockers or other furniture. Inspectors were told this was to meet residents' preferences. However, one TV was located on top of a bed table and shook visibly when the bed table, which was on coasters, was moved.

-Inspectors noted that the centre had limited storage space and corners or alcoves in some corridors were marked by tape for use to store assistive equipment, walking frames and wheelchairs. Inspectors noted that this equipment was stored safely and did not block corridors where residents were mobilising. Changes to some floor levels, where there were slopes or inclines, were not all clearly marked. This occurred in a number of places, on the corridors and also at the entrance to some bedrooms, on the lower ground floor level, but clear markings to help identify all the differences in the floor levels, and minimise risks of falls were not in place.

-Some improvements to make the centre more easily accessible to residents with dementia were required. Signage with pictures was not in place on some toilet, bedroom or bathroom doors and a colour contrast scheme for toilets and bathrooms, to differentiate these from bedrooms was not in place. Contrasting colours make it easier for people with dementia to recognise and remember room locations. Signs identifying the purpose and function of all rooms were not in place such as store rooms.

Judgment:

Substantially Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed.

On review of the record of complaints there was evidence that all complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcomes and a review was conducted to ascertain the satisfaction of the complainant further to issues being resolved.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A determination on the standard of end of life care delivered could not be fully made as no resident was receiving end of life care at the time of the inspection.

Access to specialist palliative care services were available when required.

Some evidence was available that residents' will or preference was sought in relation to issues such as emotional, social and spiritual needs, place of death or funeral arrangements.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents were provided with food and drink at times and in quantities adequate for

their needs. A three week rolling menu was in place to offer a variety of meals to residents. The main kitchen was located beside the dining room. Food was served directly from there by a team of staff. Residents on modified consistency diets also received the same choice of menu options as others. Drinks such as water, milk, tea and coffee and fresh drinking water at all times were available. Evidence of referral to relevant allied health professionals including dietician or speech and language therapists was found and there was a system in place to monitor the intake of residents identified as at risk of malnutrition.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The communal use of an en-suite bathroom, observed on the last inspection, was not found on this inspection. Evidence of residents' consultation was found. Resident meetings were held monthly, where residents were consulted about future activities or outings and facilitated to give feedback on how the centre was run. The minutes of some meetings were viewed and showed that the person in charge attended each meeting to give updates on the progress made to previous suggestions or issues raised. Inspectors were told that residents were enabled to vote in national referenda and elections with the centre registered to enable polling. Access to advocacy services was available and contact details for advocacy services were displayed.

In general, appropriate and respectful interactions were observed throughout the day. Staff respected residents' dignity and choice during care interventions and in their daily routine. Residents' personal choice for rising and returning to bed was respected with many residents choosing to remain in bed until late morning or early afternoon. However, assistance during lunch was observed. It was noted that although some staff sat beside the resident to whom they were giving assistance, others were observed to stand over the resident while assisting them with their meal.

In conversation with some residents, inspectors were told they were satisfied with the care provided and many spoke warmly of the friendly and helpful attitude of staff. All

said they felt very safe.

A weekly activities programme was in place delivered by an activities coordinator. The programme included a mix of activities, intended to stimulate residents both physically and mentally, such as: arts and crafts, music, balloon games, exercise, and question and answer quizzes.

A yearly planner that included garden parties and recognised events such as Valentine's Day, Easter or Christmas was also in place. One outing was planned yearly. Inspectors were told this was a trip to Dublin Zoo.

The Cheltenham racing festival was on TV and residents were facilitated to place a bet on their chosen horse. Staff helped make the racing a fun event. This included an in-house draw with prizes for the winners of the main feature races. Shouts of encouragement and cheers accompanied the end of some races.

The inspectors were told that one-to-one time was scheduled for residents with more severe dementia or cognitive impairment or who would not participate in the group activities, and that this time was used for sensory stimulation such as providing hand massages. Other dementia relevant activities were included in the programme such as Sonas (a therapeutic communication activity primarily for older people, which focuses on sensory stimulation). Inspectors found that there were many residents who spent a lot of time in bed due to frailty or choice, but inspectors did not observe any residents receiving one-to-one time for mental or physical stimulation linked to their social care plans. Inspectors discussed how one-to-one activities were provided with staff and were shown where this was documented. The sample of records viewed were not detailed enough to determine the duration of the one-to-one interactions in order to determine the derived benefit to the resident. Inspectors found there was emphasis on the use of television, radio and resting as meaningful activity events.

Inspectors also noted that for some of the residents who remained in bed most of the day, these were the most frequent activities provided.

Feedback from residents and relatives was in the form of conversation on inspection and through responses received to the HIQA questionnaires.

Feedback was generally positive with the majority complimenting the kindness of staff and how quickly they respond to residents' needs. Relatives were also happy with how staff kept them informed of any changes in their loved ones' health condition. Others commented on the warm and friendly atmosphere in the centre.

However, some residents said they felt staff were too busy to talk and they often feel lonely and would like someone to be there for five minutes to chat, others said they would like more outings. The need for more opportunities to access the local community was also reflected in the satisfaction survey conducted by the provider in 2016 and formed part of the annual review of care report.

Judgment:

Substantially Compliant

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can
appropriately use and store their own clothes. There are arrangements in***

place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents.

Residents had access to a locked space in their bedroom if they wished to store their belongings.

There was a policy in place on residents' property in line with the regulations and a list of residents' valuable property and furniture was maintained where required

Judgment:

Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Sufficient staffing and skill mix were found to be in place to deliver a good standard of care to the current resident profile.

The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place. Cover for planned and unplanned leave was provided, primarily through a bank of relief staff.

Records reviewed showed that staff had been provided with opportunities to receive updated training in areas such as: safeguarding, moving and handling, fire safety and first aid. Samples of attendance records were also viewed.
A staff allocation system was in place to deliver care in a timely manner to residents on all levels of the centre.

Staff were familiar with residents' needs and preferences and, overall, appropriate and respectful interactions were observed between residents and staff.

Judgment:

Compliant

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:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Churchview Nursing Home
Centre ID:	OSV-0000126
Date of inspection:	14 March 2017
Date of response:	25 August 2017

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 08: 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:

Practices to support good infection prevention and control were not found. Appropriate infection and prevention control was not being implemented or sufficiently monitored. Some aspects of the premises were not cleaned to a good standard. Systems to ensure all cleaning equipment was adequately and appropriately cleaned were not implemented.

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

1. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

Cleaning in the centre is monitored on a regular basis with audits and checks. Some comments in the report refer to intraday spillages. Deep cleaning on the floor areas that the buffer does not reach will be reviewed and deep cleaned.

Proposed Timescale: 31/08/2017

Theme:

Safe care and support

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

The escape stairs near adjacent to the lift was not adequately separated from the adjoining areas in fire rated construction.

The external escape route from the upper levels requires review.

Suitable evacuation aids were not available at first floor level for stepped escape routes.

2. Action Required:

Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

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

The internal stairs adjacent to the lift is separated by a fire wall on the toilet wall beside the lift to ensure the fire stairs are protected. The other toilet wall is not a fire wall and this was approved by an independent fire engineer and inspected by a Dublin fire officer as a toilet is not deemed to be a credible fire risk but, for additional protection, this toilet wall will be made into a fire wall by our maintenance team.

The external stairs has been reviewed as part of a professional review that was conducted by independent fire engineer in 2015. Following the recent inspection the fire engineer was contacted again and examined and approved the external fire stairs in the context of the 2 other staircases and means of escape in the centre.

Evacuation aids are located throughout the building in the areas that they are most likely to be required as recommended by fire consultants. The locations of the evacuation aids are known by staff should they be required in compliance with fire regulations. We will locate addition aids at hall level.

Proposed Timescale: 31/10/2017

Theme:

Safe care and support

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

Some fire exits locked with key operated locks were not provided with appropriate safeguards to ensure they can be opened in the event of an evacuation.

Some fire doors were observed to have cold and heat seals missing

A gate at ground floor and an exit from first floor lounge area required adjustment to ensure they could be readily opened.

3. Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

Fire door are inspected on a regular basis both by our maintenance team and fire consultant and any damaged fire seals or any other damage have been repaired.

Break glass boxes have been adjusted so that staff cannot access keys without breaking the glass

Proposed Timescale: 25/08/2017

Theme:

Safe care and support

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

The records for drills were not comprehensive enough to provide assurances that the procedure to be followed in the case of fire ensured a compartment could be evacuated in a timely fashion.

4. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Fire drills are part of staff fire training as required by the regulations. Evacuation drills were part of training and they are stopped and restarted to instruct staff. In addition to the regulation requirement to ensure that staff are aware of the procedure to be followed in the event of a fire, the fire drills included start and finish times inclusive of this instruction given to staff during the evacuation. Going forward we will make adjustment for any instructions given during a fire drill and submit this supplementary

information.

Proposed Timescale: 31/10/2017

Theme:

Safe care and support

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

A small store located within an escape stairway was not provided with smoke detection nor fitted with a fire rated door.

5. Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

A smoke detector has been fitted and a new fire door ordered

Proposed Timescale: 31/08/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Some assessments were not fully completed and some care plans were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need.

6. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

Care plans are individualised to meet the specific needs of the residents and certain parts of care plans are located in areas most relevant for staff and residents. Care plans also include sections reflecting the residents' history which may be left blank as it may not be relevant for their current condition but an important part of their medical history. It is not best practice to exclude these sections but will ensure that they are more clearly marked as not currently relevant for the residents current condition.

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:

The premises did not fully meet the requirements of the regulations as set out in Schedule 6 in that:

Limitations to the use of Room 10, for residents who are not fully mobile, remain.

The layout of bedroom 12 did not maintain privacy and dignity in terms of appropriate screening or personal space.

Changes to some floor levels, where there were slopes or inclines, were not all clearly marked.

Improvements to the maintenance of the premises were required including:

Repairs to wall plaster and paintwork, skirting, and doorways.

Repair or replacement of some equipment and furnishings such as: bed rails, bed tables, and a wardrobe.

Elimination of risks associated with trailing wires and replacement of damaged wires.

Provision of safe means of installation of televisions to eliminate risks associated with televisions sitting on top of bed tables or other furniture

Some improvements in provision of suitable adaptations and supports to make the centre more easily accessible to residents with dementia were required.

7. 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:

In room 12 there was a curtain that did not close fully and this will be addressed.

Otherwise the room complies fully with the regulations and is only occupied by residents suitable for this room as contained within our statement of purpose and in compliance with the regulations.

All changes in floor levels were marked but some had become worn and have been replaced.

Any extension cable provided to residents to help personalise their room will be tidied away and reviewed regularly

There is a comprehensive maintenance and upgrade program positively commented and acknowledged in previous reports. Given the activity with assistive equipment and wheelchairs all premises require ongoing maintenance and there is a maintenance book, which is reviewed on a weekly basis but any stage there will be minor damage to

paint and walls

Proposed Timescale: 25/08/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Opportunities for residents to access the community for social interaction or events were limited.

8. Action Required:

Under Regulation 09(3)(c)(iv) you are required to: Ensure that each resident has access to voluntary groups, community resources and events.

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

Residents have access to the community and some residents avail of this on a regular basis. Our activities program is dynamic reflecting the changing need of our residents and emphasis has been on bringing entertainment to the nursing home as there can be poor attendance at outside events. As part of this program we will continue to consult with residents to explore further ways of promoting outside events

Proposed Timescale: 25/08/2017