<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Heatherfield Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000140</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Heatherfield Nursing Home T/A J &amp; N Sheridan Ltd, Bush Lane, Raynestown, Dunshaughlin, Meath.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 825 9354</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:heatherfieldnursinghome@gmail.com">heatherfieldnursinghome@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>J &amp; N Sheridan Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Noreen Sheridan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary O'Donnell</td>
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<tr>
<td>Support inspector(s):</td>
<td></td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>26</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</td>
</tr>
</tbody>
</table>
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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 05 December 2017 10:30
To: 05 December 2017 12:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This unannounced inspection was undertaken to follow up on seven action plans following the previous inspection in September 2017. The findings from both inspections will inform the renewal decision of the centre's registration. The inspector also followed up on unsolicited information relating to an external safeguarding issue and found that the provider had taken appropriate measures to protect residents. Five of the seven action plans following the previous inspection were completed and two had been progressed.

The inspector focused on the refurbishment of two three bedded rooms and a twin room and determined that the reconfiguration of the rooms had enabled residents to undertake personal activities in private. Additional shelving was required in the two triple bedded rooms.

The premises were warm and cosy and provided residents with a suitable homely environment. Residents who spoke with the inspector were contented and they praised the staff for the care they provided. There was a schedule of activities informed by the residents' interests and capabilities and residents were supported to lead interesting lives. Some residents remarked that they would miss the staff and the social activities when they returned home.
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):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that measures were in place to protect residents from being harmed or abused.

Information had been received by HIQA in relation to alleged safeguarding issues in the community, which had the potential to impact on residents. The inspector reviewed the systems in place and was satisfied that residents were sufficiently safeguarded.

Allegations of abuse were followed up and the inspector was satisfied that the policy on safeguarding was fully implemented.

All staff had training in safeguarding and were familiar with the policy. Residents who spoke with the inspector said they felt safe and could raise any concerns with the provider or the person in charge who were present in the centre on a daily 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:
The inspector was satisfied that the procedures for the prevention and control of infection were implemented by staff. The inspector observed a high standard of
cleanliness in communal rooms, bedrooms and bathrooms. Cleaning schedules were in place and records showed that deep cleaning was carried out by two household staff twice weekly. The person in charge also carried out spot checks. The inspector noted that hand sanitizing stations and alcohol gels were available throughout the centre and appropriately used by staff.

In September, the inspector was satisfied that suitable arrangements were in place in relation to promoting fire safety. Fire safety and response equipment was provided. The fire safety equipment was serviced on an annual basis and the fire alarm system serviced on a quarterly basis. Daily fire safety checks were carried out and evidenced. However, the fire alarm was not activated on a weekly basis.

On this inspection, the inspector observed that there was appropriate signage for fire exits and exits were not obstructed. Fire evacuation procedures were displayed throughout the building. Staff confirmed that they had attended fire training and were knowledgeable about fire safety and evacuation procedures. Fire drills were carried out routinely and included a fire drill to simulate night time conditions and staffing levels. The provider told the inspector that they sought guidance from a competent person who advised that the activation of the fire alarm on a weekly bases was not a requirement. The inspector requested that the provider submit a letter from a competent person who services the system, to provide assurances that the system is being serviced and maintained in line with IS 3218: 2013. This letter was required by Thurs 16 Dec 2017.

### Judgment:
Substantially Compliant

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

**Findings:**
Nutritional supplement drinks were no longer stored in the kitchen. The inspector observed that the cupboard in the nurses' office was now used for the storage of supplement drinks. The nurse on duty and the staff who spoke with the inspector confirmed that the nurse now administered supplement drinks. Nutritional drinks were appropriately prescribed and records of administration were in line with best practice.

**Judgment:**
Compliant

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

**Findings:**
On the previous inspection the design and layout of one twin room and two three-bedded rooms did not meet the needs of the residents so that they received care in a dignified way that respected their privacy.

The provider had purchased new bedroom furniture and reconfigured the multi-occupancy bedrooms. New curtain rails had been installed in all the rooms and the beds and furniture was rearranged so that each resident could undertake personal activities in private. Each resident had access to a double wardrobe, a bedside locker and an armchair. There was a functioning overhead light and a call bell by each bedside. Residents who met the inspector said they were satisfied with the shared accommodation. They were not awaked at night and the screens were adequate to assure privacy during hoist transfers. Most of the residents had shelving to display personal objects but the provider planned to install additional shelving for residents in the two three bedded rooms. The storage of a bedside commode was an issue which the provider also proposed to address.

Residents' meetings were held in the centre every 3-4 months. On the previous inspection the inspector found that minutes of the residents meeting did not include sufficient detail to establish that issues raised by residents were followed up. The provider proposed to address this by 10 November 2017. The inspector reviewed the records and noted that no residents' meeting had been held since the previous inspection. The provider stated that the next meeting was scheduled for 12 December. This non compliance is restated in this report.

**Judgment:**
Substantially 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Training records were examined and they confirmed that on 25 November 2017, an external trainer facilitated training on safeguarding vulnerable. Seven staff attended this training event and two other staff had left the service since September 2017. Staff who spoke with the inspector were aware of types of abuse and the policy in relation to reporting allegations or suspicions of abuse.

The provider confirmed that all staff had two references and were appropriately vetted.

The staffing rosters were examined and the inspector was satisfied that staffing levels were in line with the statement of purpose and there were appropriate staff to meet the needs of the residents. There were three staff on duty until 22:00 hrs to ensure that residents could retire at night at a time of their choosing. Residents confirmed that there were enough staff on duty and staff were available to provide timely assistance both day and night.

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:

Mary O'Donnell
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
<td>Date of inspection:</td>
<td>05/12/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>10/12/2017</td>
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</tbody>
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Requirements

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

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

Outcome 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:

The fire alarm was not activated on a weekly basis. This was identified as a non-compliance on the previous inspection. The inspector requested that the provider submits a letter from a competent person who services the system to provide assurances that the system is being serviced and maintained in line with IS 3218: 2013. This letter was required by Thurs 16 Dec 2017.

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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 28(1)(c)(iii) you are required to: Make adequate arrangements for testing fire equipment.

   **Please state the actions you have taken or are planning to take:**
   We will provide a letter from our Fire Safety Engineer as requested. However same may not be available until 21st December as the Engineer is on leave. In the interim the fire alarm will be activated on a weekly basis.

   **Proposed Timescale:** 21/12/2017

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**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:**
Residents' meetings were held in the centre every 3-4 months. On the previous inspection the inspector found that minutes of the residents meeting did not include sufficient detail to establish that issues raised by residents were followed up. The provider's proposed to address this by 10 November 2017. The inspector reviewed the records and noted that no residents' meeting had been held since the previous inspection.

2. **Action Required:**
   Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

   **Please state the actions you have taken or are planning to take:**
   A residents meeting is normally held every 12 weeks. A meeting is due to be held on 12th December. The notes of same will be more detailed than previous meetings.

   **Proposed Timescale:** 12/12/2017