

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rushmore Nursing Home
Centre ID:	OSV-0000381
Centre address:	Knocknacarra, Galway.
Telephone number:	091 523 257
Email address:	rushmorenursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Rushmany Nursing Home Limited
Provider Nominee:	Sharon Conlon
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	26
Number of vacancies on the date of inspection:	1

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 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: 30 August 2017 09:20 To: 30 August 2017 15:45

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report set out the findings of an unannounced monitoring inspection. The centre was previously inspected in May 2017. On the last inspection 16 outcomes were inspected. One Outcome, Suitable Staffing was judged major non-complaint. Three outcomes were judged moderate non-complaint. Four outcomes were substantially compliant and eight outcomes compliant with the regulations.

In line with HIQA's procedures to manage risk and ensure safe, quality care a further unannounced inspection was undertaken. The purpose of this visit was to monitor progress and assess the action undertaken by the provider since the last inspection.

This inspection evidenced all the matters identified for improvement and have been satisfactorily addressed. Staff levels on each work shift, skill mix and supervision arrangements were adequate to meet the needs of residents. The staff level has been increased. There are now five care assistants rostered throughout the morning

There are now sufficient resources available to meet the recreational needs of

residents. Observation throughout the day evidenced residents being appropriately engaged. There is a schedule of activities developed.

On this visit it was reaffirmed there were systems and practices in place that promoted health and safety. Emergency call facilitates were provided in the day sitting rooms. Dementia friendly design features have been provided to help orientate residents.

The building was clean, well lit, heated and ventilated .The ongoing program of painting and decorating of bedrooms and the corridor on the ground floor of the building has been completed.

The action plan at the end of this report identifies one area where improvement is required to meet the requirements 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.

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:

The statement of purpose detailed the aims, objectives and ethos of the centre. It outlined the facilities and services provided for residents and contained all information in relation to the matters listed in schedule 1 of the regulations.

A revised statement of purpose was submitted to HIQA to reflect recent changes in the governance arrangements in August 2017.

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 person in charge has changed since the last inspection. A notification of change of person in charge was received in August 2017. At the time of this inspection the person in charge had just commenced in post.

She is a registered nurse and on the day of inspection was working in a supernumery capacity to oversee the delivery of clinical care and provide guidance to staff. She is well known by residents having worked in the delivery of clinical care in the centre and has a good knowledge of residents care needs.

She was able to describe to the inspector in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

She has completed all mandatory training required by the regulations and engaged in continuous professional development.

She is well supported in her role by the provider who works full-time in the operational management and administration of the centre.

An annual report on the quality and safety of care was compiled and available to the residents or their representative for their information as required by the regulations. This was a matter identified for improvement on the previous inspection.

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 action from the last inspection in relation to health, safety and risk management has been completed. A new system has been introduced to record and investigate minor incidents for example, skin tears and near miss events. A register has been established and this was reviewed on inspection and there was evidence of good documenting near miss events and assessment to establish the root cause. The document detailed the date, type of event, who it was reported to and the action taken. While a system of audits was established a procedure to audit near miss events was not developed. This was discussed with the person in charge and provider and they confirmed audits of this area will be completed to identify any possible trends.

On this visit it was reaffirmed there were systems and practices in place that promoted health and safety. There was a pro active approach to managing risk. A maintenance log was maintained to report any faults noted on a day-to-day basis such as call-bells, lighting or problems with residents furniture and were promptly attended to by a full time maintenance person employed.

The building was clean, well lit, heated and ventilated. The corridors were clear of equipment and residents could access the handrails at all times while mobilising.

There were procedures in place for the prevention and control of infection. Hand gels were located along the corridor. There is a hand washing sink centrally located on the first floor. There were a sufficient number of cleaning staff rostered each day of the week.

The temperature of dispensing hot water is thermostatically controlled. A separate sluice and cleaning room is provided. Access to services areas to include the sluice and cleaning room, laundry and kitchen was restricted in the interest of health and safety. Restrictors were fitted to upstairs windows as required by the action plan of the previous inspection.

Safe moving and handling practices were observed in the day sitting room when staff used hoists to transfer residents to their chairs and mobilised residents in wheelchair with footplates correctly positioned. Each resident's moving and handling risk assessment was available to staff to view at the point of care delivery as it was displayed on the inside of their wardrobe.

Suitable fire safety precautions were in place. Exit doors were unobstructed and all bedroom doors were fitted with self-closers which responding on sounding of the fire alarm. Staff spoken with were familiar with the fire safety precautions. All residents had personal emergency evacuation plans (PEEP's) developed. There was evidence these were maintained up to date. A resident admitted for a period of respite care and the most recently admitted resident to long term care had a PEEP in their care records.

Judgment:

Substantially 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):

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

Findings:

On this inspection the accident, incident register and the complaints register were reviewed. There was one notification received in relation to an injury sustained by a resident and one notification of a disruption to the water supply submitted since the last inspection. These matters were appropriately responded to by the management team and action taken to ensure safety and wellbeing of the residents.

Quarterly notifications had been submitted to HIQA up to date.

Judgment:

Compliant

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 areas identified for improvement in the action of the previous inspection report have been satisfactorily completed. Emergency call facilitates were provided in the day sitting rooms. The plaster stains have been cleaned from the fire exit door upstairs. Bedroom furniture handles were secure on chest of drawers examined.

Dementia friendly design features have been provided to help orientate regarding place and time. The activity schedule for the week was on display outside the sitting room. There was a notice board in the hallway indicating the staff on duty for the day. All staff wore names badges.

New clocks have been provided in the sitting room with pictorial background to differentiate between am and pm. Information was available to residents in pictorial format in relation to the day, date, month and current weather conditions.

The ongoing program of painting and decorating of bedrooms and the corridor on the ground floor of the building has been completed. Door handles have been replaced on all bedroom and en-suite doors to improve modernising the bedrooms. All bedrooms have been provided with modern flat screen televisions.

Residents were encouraged to use all communal areas. The centre had a nicely designed enclosed courtyard garden. The door to the garden was open throughout the day to allow residents access. The garden was provided with two sets of patio tables and chairs.

Judgment:

Compliant

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

Findings:
The provider explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise. The provider and person in charge now keep a record of informal issues raised.

A new system has been introduced to ensure all verbal issues are recorded. Staff have been informed of this requirement and comment cards were placed at the main entrance for visitors to record any matters of concern.

The complaints register layout now details the complainant's satisfaction with the outcome reached on the matter raised by them and was completed on any comments raised in the register examined.

The complaints procedure was displayed inside the main entrance. There is a comments box provided for residents, relative or visitors if they wish to raise an issue informally. Residents and their relatives are informed of this in the information outlined in the statement of purpose and residents' guide.

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:

Access to an independent advocate has been sourced and they have visited the centre since the last inspection. The contact details and information on the range of supports they can provide was available to residents and on display in the communal area.

A survey was issued to all residents' families to provide feedback on the service. Residents' meetings were held by an independent advocate and feedback provided to the provider and person in charge.

The staff level has been increased and there are now sufficient resources available to meet the recreational needs of residents. This is a role allocated between two staff members. Observation throughout the day evidenced residents being appropriately engaged. There is a schedule of activities developed and new materials have been sourced to include foot spas, art and craft supplies and sensory lights.

The inspector spoke with the staff member assigned to activities and she explained her role. She outlined how she visited residents' bedrooms to spend time with residents who prefer to stay in their room at intervals during the day. The provider has arranged for additional training for activity staff to include a course titled 'Age and Opportunity'.

Each resident now has a social care assessment completed with a social care plan developed taking account of their interest and capacity. The staff assigned to activities now complete a new record devised to record on a daily basis each resident's level of participation in activities. The record details what is working well and outlines recommendations or suggested changes to the activity schedule for residents.

Notices alerting residents and visitors to CCTV recordings have been placed in communal areas.

Resident's consent was respected and independence was promoted. One resident was facilitated to manage her own medicines. A risk assessment was completed and supported by a plan of care.

A restraint free environment was promoted. A risk assessment was completed prior to using bedrails. Assessments were supported with a care plan. The documentation outlined how the raised bedrail supported the resident and ensured an enabling function in each case. Signed consent was obtained. At the time of this inspection there were nine residents with both bedrails raised, some at their request to provide psychological reassurance.

The inspector spoke with kitchen staff. Each resident's food likes and dislikes were recorded and the list was kept up to date. The records identified the level of support and assistance required while simultaneously promoting each resident's independence. Residents spoken with expressed satisfaction with the choice of food stating 'the food is great'. Residents spoken with expressed satisfaction with the care and facilities provided.

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

Findings:
A range of clothing was inspected and found to be labelled by a button tag system.

Relatives are now advised to leave new clothes with staff to be labelled prior to being placed in the wardrobe. In bedrooms visited clothing was neatly arranged in wardrobes. All residents have their own wardrobe, chest of drawers and bedside locker. A property list is maintained for residents.

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

Findings:
The action plan in relation to staff resources has been satisfactorily completed. The

inspector examined the staff duty rota, communicated with residents, relatives and staff. During this inspection staffing levels on each work shift, skill mix and supervision arrangements were adequate to meet the needs of residents.

The staff level has been increased. There are now five care assistants rostered throughout the morning and four in the afternoon and evening time.

Staff were observed throughout the inspection and noted to have capacity to respond to residents needs in a timely manner. The care staff roster has been revised and there are two teams, each with two staff and a fifth staff member available to answer call bells assist residents with individual requests or help with specific care. A calm atmosphere was noted and staff engaged well with residents on this inspection at a steady pace.

A senior care is nominated on the roster each day now and is responsible to provide a handover report to the nurse at 12 noon on each resident's general wellbeing after morning care. Care staff spoken with explained they are required to report to the nursing team of any variance in a resident's skin condition observed, any complaints of pain or decrease in appetite.

Care staff no longer have multi task roles and are no longer responsible for laundry duties.

The training needs of staff were monitored. There was a varied programme of training for staff. Records viewed confirmed there was an ongoing program of mandatory training in areas such as safeguarding vulnerable adults, fire safety evacuation and safe moving and handling. Staff also had access to a range of professional development and education. Six staff have been trained in CPR and a further training date is scheduled to train more staff.

There was a policy for the recruitment, selection and vetting of staff. It was reflected in practice. This was evidenced by a review of staff files. The inspector spoke with a newly recruited staff member and other staff spoken with confirmed to the inspector they undertook an interview and were requested to submit names of referees. On commencement of employment staff are required to undertake a three day period of induction. They work as an additional resource alongside an experienced staff member of the same grade to become familiar with residents and their required work practices.

The policy of the service is to complete staff appraisals annually. There was evidence of staff appraisals being undertaken to identify training needs and reviewed at subsequent appraisals to ensure staff have the key qualities, skills and experience for their roles. A senior carer role is ensured on each work shift to support staff.

Staff files contained all matters required by schedule 2 of the regulations. Each staff member had a contract of employment which include a probationary period. Employment contracts included a job description outlining specific role and responsibilities and the reporting arrangement. Appraisals were undertaken at periodic intervals after commencing employment. The governance arrangements in place were adequate to ensure staff were appropriately supervised.

A volunteer visited the centre. Records were available outlining supervision arrangements and confirmation of Garda vetting.

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:

PJ Wynne
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:	Rushmore Nursing Home
Centre ID:	OSV-0000381
Date of inspection:	30/08/2017
Date of response:	22/09/2017

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:

A procedure to audit near miss was not developed.

1. Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

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

An audit is now in place for near miss event. This audit will clearly identify patterns and inform learning concerning near miss events.

Proposed Timescale: 21/09/2017