



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Heatherfield Nursing Home
Name of provider:	J & N Sheridan Limited
Address of centre:	Bush Lane, Raynestown, Dunshaughlin, Meath
Type of inspection:	Unannounced
Date of inspection:	30 March 2022
Centre ID:	OSV-0000140
Fieldwork ID:	MON-0034747

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Heatherfield Nursing home is situated just outside the town of Dunshaughlin in county Meath. The designated centre provide 24 hour nursing care for up to 30 residents over 18 years of age, male and female. Care is provided on both short-term and long-term residential basis, to all dependency levels and for a variety of needs including: care of the older person, dementia care, palliative care, respite and convalescent care. Accommodation is provided in 21 bedrooms spread over two floors. There are 14 single rooms, five twin rooms and two three-bedded rooms. Other facilities include three sitting rooms, one dining room, a sun room and access to secure courtyard and garden. The centre is decorated and furnished to a high standard throughout. The philosophy of the centre is to provide each resident with the highest quality professional standards of professional nursing care.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	25
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 30 March 2022	09:30hrs to 16:00hrs	Sheila McKeivitt	Lead

## What residents told us and what inspectors observed

This inspection took place over the course of one day. The inspector spent time speaking with residents living in the centre to see what life was like living there. Residents were content with the care they were receiving and the inspector was satisfied that their needs were being met in a holistic and safe manner.

The inspector spent time observing practices over the two floors of the centre. Staff were observed conversing with residents in a kind, patient, friendly and respectful manner. Residents described the staff as lovely, very kind and sociable. A number of residents said staff could not be nicer to them.

The inspector observed residents eating their lunch in the dining room. Residents spoken with said they enjoyed the food served to them. They said that if they did not like their meal they were offered another choice. One resident said they did not eat meat and explained that they chosen salmon instead they said which was cooked to perfection. Staff were observed promoting residents independence by the use of appropriately adapted utensils and crockery, where required, staff were available to provide assistance to residents.

The inspector were assured that residents rights were upheld. Residents were provided with choices, for example staff were observed seeking permission from residents prior to delivering care to them. The inspector saw staff encouraging and facilitating residents to mobilise with the use of aids and staff supervision. The motivational language used by staff inspired the residents to complete their walk.

A staff member facilitated the delivery of activities throughout the course of the inspection. Residents were involved in choosing their preferred activity and all those present, irrespective of their dependency level were included and seen to actively participate in the activities. The quizzes were particularly popular and stimulated some interesting conversations among the residents.

Residents said there were enough staff on duty to meet their needs. One resident said there was never any delay in the call bells being answered. Residents described their bedroom as comfortable and one resident said they enjoyed the company of the other resident with whom they shared their bedroom.

Visitors were welcomed into the centre. Those spoken with said they could visit their loved one in the front foyer or in the residents bedroom. The visitors and resident spoken with were satisfied with this arrangement.

Residents had no complaints and were keen to point out that if they had a problem not a complaint as such it was sorted the minute they mentioned it. They were keen to tell the inspector it was a lovely place to live and one where they felt safe.

The governance of the centre will be discussed under the following two sections,

capacity and capability of the service and quality and safety of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

This was an unannounced risk inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. The inspector found that improvements had been made and the compliance plans identified on the last inspection had been almost completely addressed and the overall level of compliance had improved.

The governance of this centre was good. The provider J and N Sheridan Limited has three directors two of whom work full-time in the centre one carrying out the role of the named provider and one carrying out the role of person in charge. The provider was present on inspection and demonstrated a willingness to address further areas for improvement identified on this inspection. The person in charge (PIC) was on leave. Both parties appeared to have a good understanding of their roles and responsibilities with the lines of accountability clearly reflected in the statement of purpose.

The provider was known to staff and residents. The management team had oversight of the quality of care being delivered to residents. They had an audit schedule in place which was being adhered to and there was clear evidence of learning and improvements being made in response to these reports and other feedback.

Staffing levels on the day of this inspection were adequate to meet the needs of the residents during the day and night. Staff spoken with were familiar with residents' needs and had appropriate qualifications for their role. They also demonstrated that they were knowledgeable and skilled in fire safety procedures. All registered nurses had their registration with the Nursing and Midwifery Board of Ireland (NMBI) up-to-date.

Staff had access to training and some had completed training in 2020, 2021 and 2022. The inspector could not determine if all staff had received mandatory training. However, training records submitted post this inspection assured the inspector that all staff had up-to-date mandatory training in place.

Communication with staff occurred regularly on a formal and informal basis. Staff who spoke with the inspector confirmed that they felt supported, and that they could raise issues readily with the provider and person in charge.

Complaints received were in relation to minor issues. A review of the complaints on file showed that they were dealt with swiftly by the management team.

## Regulation 15: Staffing

The number and skill-mix of staff on duty was adequate to meet the needs of the 25 residents living in the centre. There was at least one nurse on duty at all times.

Judgment: Compliant

## Regulation 16: Training and staff development

A good training and development programme was in place for all grades of staff and certificates viewed showed good level of attendance.

In conversation with some staff and on observation, the inspector found that staff could apply the principles of their training within their respective roles.

Judgment: Compliant

## Regulation 19: Directory of residents

The hard copy of the residents directory was reviewed and it was found to contain all of the required information outlined in part 3 of Schedule 3.

Judgment: Compliant

## Regulation 21: Records

Records reviewed were compliant with regulation 21. The records identified as non compliant on the previous inspection had been addressed in full.

The person in charge was clearly identified on the actual staff roster.

The records of complaints included the investigation, outcome and level of satisfaction of the complainant.

Staff files contained photographic identification of staff.

Resident temperatures were recorded twice per day.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The providers demonstrated a clear understanding of their roles and responsibilities. The providers and person in charge worked well together, supporting each other through a well-established and maintained system of communication.

There were clear systems in place for the oversight and monitoring of care and services provided for residents. The issues found at the last inspection had on the whole been addressed by the provider.

An annual review had been completed for 2020 and 2021, both included feedback from the residents and their families and both included a quality improvement plan.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. Each were signed by the resident or their next-of-kin . The weekly fees charged to the resident were clear and any possible additional charges were outlined. The room occupied by the resident and how many other occupants, if any, were reflected in those contracts reviewed.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints received were in relation to minor issues. A review of the complaints on file showed that they were dealt with swiftly by the management team. The records were clear and concise and included a record of the investigation which took place, the outcome together with the level of satisfaction of the complainant. Contact details for advocacy services were also on display in the centre. The residents spoken with had no complaints and the inspector saw there were no open complaints on file.

Judgment: Compliant

## Regulation 4: Written policies and procedures

Two schedule five policies had not been updated to reflect the legislative requirements. These policies had been identified as not meeting the legislative requirements on the last inspection however no changes had been made to them. They included the following two policies:

- The creation of, access to, retention of and destruction of records.
- The complaints policy did not include the named complaints officer, the named appeals person should the complainant be dissatisfied or the named person responsible for overseeing complaints.

Judgment: Substantially compliant

## Quality and safety

The quality of service and quality of care delivered to residents was of a good standard. The ethos was one where resident's independence was promoted and their rights were upheld Overall, the inspector found that staff worked hard to meet residents' preferences for care and daily routines.

Residents had access to medical care and additional treatment and expertise from varied allied health professionals. Residents were closely monitored for signs and symptoms of COVID-19, and clinical observations were recorded twice daily.

There was a low use of restraint in the centre. Those prescribed chemical restraints (as a last resort) were monitored closely and the overall use of psychotropic medication in the centre was audited on a monthly basis.

There were adequate facilities available to deliver activities to residents. These facilities included a large sitting room and a wide variety of equipment. The inspector found that residents had opportunities to participate in meaningful activities on a day to day basis within the centre.

An assessment of preparedness and contingency planning for a COVID-19 outbreak was completed by the provider. The contingency plan was regularly updated, it identified key resources and the actions required to ensure their continuous provision in the event of an outbreak. However, some minor improvements in infection control practices were required.

A record of visitors was maintained to monitor the movement of persons in and out of the building to ensure the safety and security of the residents.

There was evidence that all staff were provided with training in fire safety and

evacuation procedures, and an external provider was made available to staff for this training. Evacuation procedures to guide staff, residents and visitors in the event of a fire evacuation scenario were displayed. Records showed regular simulated evacuation practice drills took place with a variety of scenarios to facilitate staff familiarity and develop confidence and competence with fire evacuation procedures. Evidence that the provider had consulted with a fire expert further to the last inspection was viewed. However, some improvements to fire processes were still required as detailed under Regulation 28.

### Regulation 11: Visits

There were no restrictions for visitors in the centre. There was adequate space for residents to meet their visitors in areas other than their bedrooms if they wished to do so.

Judgment: Compliant

### Regulation 12: Personal possessions

There was adequate storage in the resident's rooms for their clothing and personal belongings including lockable unit for safekeeping.

Judgment: Compliant

### Regulation 13: End of life

Residents received a good standard of end of life care. They had access to the local palliative care team and their General Practitioner services to ensure their pain was kept under control and all comfort measures were in place. Residents had access to religious and social services to meet their needs when progressing to the end of their life.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had access to a good choice of food and they confirmed they had access to a variety of food, snacks and drinks whenever they wanted. The quantity

and quality of served to them met their needs.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

Records of resident's temporary transfers to hospital were in compliance with the regulatory requirements.

Judgment: Compliant

### Regulation 27: Infection control

The following issues were identified:

- There were boxes stored on the floor in one store room. This impeded the floor been cleaned thoroughly.
- The clinical hand wash sink at the nurse station did not meet the required standard.
- There was no clinical wash hand basin in the sluice room on the ground floor.
- Staff working in the centre on the day of the inspection did not consistently adhere to the current national guidelines (Public Health & Infection Prevention & Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities) in respect of FFP2 face mask use while providing active patient care. This was addressed on the day of the inspection.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The following issues were identified:

- There was no in intumescent strip on some of the compartmental fire doors.
- There was no evidence that a fire drill had been practiced to ensure residents could be evacuated within a reasonable time from the largest fire compartment on the ground floor.
- The inspector could not determine if the compartmental fire doors gave 60 minute protection against fire. However, the provider submitted confirmation of this post the inspection.

- Records were not available to show that the emergency lighting and fire alarm had been tested by an appropriately qualified person on a quarterly basis in 2021 and to date in 2022. However, the provider submitted this information post the inspection which provided the assurance required.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

There were no residents displaying behaviours that challenge at the time of this inspection. The centre had a low use of restraint and had made significant progress towards a restraint free environment.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights were upheld. Residents' had several opportunities to participate in activities in accordance with their interests and capabilities. Their right to privacy was respected with appropriate screening in place in all shared bedrooms.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Heatherfield Nursing Home OSV-0000140

Inspection ID: MON-0034747

Date of inspection: 30/03/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The Provider shall provide in writing, adopt, and implement policy changes required regarding: The creation of access to, retention of and destruction of records. The Complaints policy will now include the named Complaints Officer and the named Appeal Person should the Complainant be dissatisfied. This action will be completed by the 20 June 2022.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The Boxes stored on the floor in one store room have been removed to ensure thorough cleaning of all floor areas. This action has been completed.</p> <p>Changes regarding the clinical hand wash sink at the Nursing Station will be made to meet the required standard by 15 July 2022.</p> <p>A clinical hand wash basin will be placed in the sluice room on the Ground Floor by 15 July 2022.</p> <p>Staff will now consistently wear FFP2 face masks while providing active patient care. This action has been completed since the 1 April 2022.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Compartmental Fire Doors will be remedied to ensure full compliance regarding intumescent strips. This will be completed by 15 June 2022.</p> <p>A supervised fire drill will take place under the supervision of our Fire Safety Engineer to ensure residents can be evacuated within the required time period from the largest compartment on the Ground Floor as per regulation 28(1)a. This will be completed by 15 June 2022.</p> <p>Confirmation that compartmental fire doors give 60 minute protection was submitted to the Inspector immediately after this inspection. This action is completed.</p> <p>Emergency Lighting and Fire Alarms scheduled quarterly tests by a qualified person were provided to the Inspector confirming full compliance in this area. This action is completed.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	15/07/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	15/07/2022
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	15/07/2022

	testing fire equipment.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	15/07/2022
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	20/06/2022