

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Heather House Community Nursing Unit
<b>Centre ID:</b>	OSV-0000714
<b>Centre address:</b>	St Mary's Health Campus, Bakers Road, Gurrabraher, Cork.
<b>Telephone number:</b>	021 492 7950
<b>Email address:</b>	barbara.ryan1@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Patrick Ryan
<b>Lead inspector:</b>	John Greaney
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	50
<b>Number of vacancies on the date of inspection:</b>	0

## 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:
15 November 2016 08:30	15 November 2016 17:10
16 November 2016 08:40	16 November 2016 16:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Substantially 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	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	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	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

Heather House Community Nursing Unit is a two storey premises located on the grounds of St. Mary's Health Campus on the north side of Cork City. The first floor can be accessed by both stairs and lift. The centre is registered to accommodate 50 residents in 34 single bedrooms, four twin bedrooms and two four bedded rooms.

This registration inspection was carried out in response to an application by the

provider to renew the registration of the centre. It was announced and took place over two days. As part of the inspection process, the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, health and safety records, accident logs, the directory of residents, policies and procedures and staff files.

Overall the inspector found that care was provided to a good standard. Residents had access to the services of general practitioners, including out-of-hours. Residents also had access to allied health services and there was evidence of regular review. The premises was bright, spacious and clean throughout. There was adequate communal space, secure outdoor space and adequate sanitary facilities. Questionnaires completed by relatives and residents in advance of the inspection were overwhelmingly positive. Relatives spoken with by the inspector were complimentary of the care provided.

Since the last inspection significant improvements had been made in the management of smoking. The smoking shelters had been repositioned to support better supervision of residents while they smoked, a new call bell had been installed in the smoking shelters, a shelter that had previously been used by residents to smoke without supervision was removed, and a plan was in place for staff to supervise residents while they smoked.

Improvements were also made in relation to the assessment and management of residents that had bedrails in place. A new risk assessment form had been developed to guide staff on the safety of bedrails and the exploration of alternatives to bedrails.

Some improvements, however, were required. For example, while there was a review of the safety of care, it only cover a six month period, and there were not always adequate assessments undertaken underpinning the findings of the review. The medication administration record required review to ensure that it had the capacity to record the exact time PRN (as required) medicines were administered and to remove any confusion in relation to recording when a medicine was administered on a regular basis or on a PRN basis. Improvements were also required in relation to the management of risk, particularly in relation to access to materials by a resident that was at risk of choking from foreign objects.

The Action Plan at the end of the report identifies what improvements are needed to meet the requirements of 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.

**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 Quality Standards for Residential Care Settings for Older People in Ireland.**

*Outcome 01: Statement of Purpose*

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There was a written statement of purpose that accurately described the services provided in the centre. The statement of purpose contained all of the information required by the regulations.

**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):**

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

**Findings:**

There were adequate resources available to support the effective delivery of care. There was a clearly defined management structure. The person in charge was also person in charge of another designated centre, Farranlea Road Community Nursing Unit, which was located approximately four kilometres from Heather House. The person in charge reported to a general manager, who was also responsible for a number of other Health

Service Executive (HSE) centres. The person in charge was supported by a clinical nurse manager 2 (CNM 2) who worked in the administration office and was responsible for day to day operation of the centre for issues such as staffing. There were also two other CNM 2s based on the units and were responsible for clinical care.

There was a comprehensive programme of audits on issues such as accidents and incidents, hygiene, medication management and care plans. There was evidence that issues identified for improvement were addressed. There was a review of the quality and safety of care covering the period March 2016 to September 2016. The review addressed issues such as the activity programme, positive behaviour support, healthcare, end of life care, food and nutrition, and training and staff development. The review could be enhanced further by the inclusion of the results of assessments/audits as evidence to support the findings.

Residents meetings had recommenced since the most recent inspection and there was evidence of a review of the issues raised at the meetings.

**Judgment:**  
Substantially 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:**  
There was a residents' guide available in the centre that included a summary of the services provided and facilities available in the centre.

Each resident had a contract of care detailing the services to be provided. While the contract detailed the element of the weekly fee to be paid by the resident it did not include the total charge for residency in the centre or fees for additional services such as hairdressing.

**Judgment:**  
Substantially 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 registered nurse who worked full time and had the required experience in the area of nursing of the older person. As stated in Outcome 2, the person in charge was also responsible for one other designated centre. Throughout the days of the inspection the person in charge clearly demonstrated that she had sufficient clinical knowledge and a sufficient knowledge of the legislation and of her statutory responsibilities.

The person in charge was engaged in the day to day governance and operational management of the centre. The person in charge visited the centre each day for a number of hours, however, the greater percentage of time was spent in the other centre. The inspector was satisfied that the centre was managed by a suitably qualified and experienced manager.

**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):**

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

**Findings:**

Records were kept secure but easily retrievable. The inspector noted that policies, procedures and guidelines were generally available in line with Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

At the last inspection it was identified that the Directory of Residents did not contain all of the information required by Schedule 3 of the regulations, such as the gender of each resident. On this inspection it was identified that the directory was amended to include all of the required information.

The inspector viewed the insurance policy which is HSE insurance and saw that the centre is adequately insured against accidents or injury to residents, staff and visitors.

A review of personnel records indicated that all of the requirements of the regulations were met in the sample of records reviewed. Evidence of current registration with the relevant professional body was available for all nurses.

**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:**

There was no period in excess of 28 days when the person in charge was absent from the centre. As stated in Outcome 2, an administrative CNM 2 supported the person in charge and was responsible for the operation of the centre in the absence of the person in charge.

**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):**

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

**Findings:**

There was an up-to-date policy on the prevention, detection and response to abuse. Training records indicated that all staff had received up-to-date training on recognising and responding to abuse. Staff members spoken with by the inspector demonstrated adequate knowledge of what to do in the event of suspicions or allegations of abuse. Residents spoken with by the inspector stated that they felt safe in the centre. The inspector reviewed a sample of financial records and was satisfied that there were adequate systems in place to safeguard residents' money.

There was an up-to-date policy in relation to the management of responsive behaviour (also known as behavioural and psychological signs and symptoms of dementia). While a number of residents occasionally presented with responsive behaviour, records indicated that these did not escalate into significant incidents. Staff members spoken with by the inspector were knowledgeable of individual resident's needs and how to alleviate responsive behaviour and how to prevent the behaviour escalating. Records indicated that chemical restraint was used on occasion and these residents were reviewed by psychiatric services, including medication reviews.

There was a policy in place on the management of restraint. The only forms of physical restraint in use were bedrails. Since the most recent inspection a new risk assessment tool had been introduced that guided staff in relation to the suitability, or not, of bedrails. There was evidence of the use of alternative to bedrails, such as low beds, crash mats and alarm mats and mattresses. There were records of safety checks while bedrails were in place.

**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:**

There was an up-to-date safety statement. There was an emergency plan detailing what to do in the event of emergencies such as loss of power, loss of water and the safe evacuation of residents. There was a risk management policy and associated risk

register that addressed the issues specified in the regulations. Some improvements were required in relation to the maintenance of the risk register. For example, some risks had an initial risk rating quantifying the level of risk prior to the implementation of control measures and then there was a residual risk rating quantifying the level of risk following the implementation of control measures. This rating was not completed for all risks. Additionally, some control measures were identified as being additional controls when they should have already been implemented. For example, the risk assessment for a resident identified as at risk of choking identified that additional controls to be put in place included informing staff of the risk when this should already have been in place.

Issues identified at the most recent inspection in relation to the management of smoking were satisfactorily addressed. A shelter that had been de-designated as a smoking shelter but was still being used by residents without adequate supervision was removed and residents no longer smoked in this area. The two remaining smoking shelters were repositioned to allow for greater supervision. A new call bell had been installed in the shelter that required staff to reset the alarm indicating that a member of staff had responded to the alarm. There was a plan in place for staff to supervise residents while they smoked and residents were risk assessed in relation to the level of supervision required when smoking. Incident records indicated there were no further smoking related incidents since the last inspection.

Incident records reviewed by the inspector indicated that incidents were reviewed on an individual basis to identify what lessons could be learned from the incident. There were also quarterly reviews of incidents to identify any themes as an opportunity to implement remedial measures and minimise the risk of reoccurrence. Minutes of staff meetings indicated that incidents were routinely discussed. Incident records indicated that a resident had a near choking incident relating to the ingestion of a foreign object. The risk assessment identified that the resident should not have access to paper tissues or knitting wool. However, the inspector observed that the resident had knitting wool in their possession on one of the days of inspection. This was immediately removed when pointed out to staff.

Adequate measures were in place for the prevention and control of infection such as wash hand basins and hand gel dispensers located at suitable points throughout the centre. Personal protective equipment such as glove and aprons were available and were seen to be used by staff.

Suitable fire safety equipment was provided. Fire safety equipment was serviced annually and the fire alarm and emergency lighting were serviced quarterly. There were checks to ensure fire exits were unobstructed and that fire doors were not damaged. However the fire alarm was not sounded weekly to determine if fire doors were functioning appropriately. Records indicated that all except one member of staff had received up-to-date fire safety training. Staff members spoken with by the inspector were knowledgeable of what to do in the event of a fire. Fire drills were most recently held June, August and September of 2016. Fire exits were seen to be unobstructed.

**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):**

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

**Findings:**

There was an up-to-date medication management policy that addressed the ordering, prescribing, storing and administration of medicines. There were adequate procedures in place for management of medicines requiring special control measures. These medicines were counted by two nurses at the time of administration and at the end of each shift.

Medication administration practices observed by the inspector were in compliance with relevant professional guidance. There were adequate measures for the disposal of unused and out-of date medicines. Prescriptions were reviewed regularly by the resident's GP and by the pharmacist. There were regular audits of medication management practices. Some improvements were required in relation to recording the administration of PRN (as required) medicines. The medication administration record (MAR) did not provide adequate space to clearly record the time these medicines were administered and the section of the MAR identifying why the medicine was administered was not always completed. Due to the design of the MAR sheet, that did not differentiate a PRN sheet from a regular sheet, nurses had mistakenly signed twice on a number of occasions for administering the same medicine, making it appear as if the resident had been given the same medicine twice. The provider and person in charge were requested to consult with the pharmacist in relation to the design of the MAER for PRN medicines.

**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:**

Records of incidents occurring in the centre and a review of these records indicated, where, required, these were notified to HIQA.

**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:**

Effective care and support

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

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

**Findings:**

Residents received a comprehensive assessment on admission and at regular intervals thereafter. Residents were assessed using validated assessment tools for issues such as falls risk, pressure sore risk, moving and handling, and nutrition. Where issues were identified on assessment these were addressed in care plans. While many care plans were personalised and provided adequate guidance on the care to be provided, a small number required improvement. There was not always adequate detail. For example, one resident had an indwelling urinary catheter and recent advice from urology indicated that this should be irrigated on alternate days. The care plan, however, did not detail the type of irrigant or quantity to be used. Additionally, the end of life care plan for another resident did not indicate that a "Do Not Resuscitate" order had been signed.

Residents had good access to the services of GPs that visited the centre frequently. Records indicated that residents were reviewed regularly. Out-of-hours GP services were also available. Residents had access to allied health and specialist services such as psychiatry, speech and language therapy, dietetics, occupational therapy and chiropody.

There was an activities coordinator and two other staff members responsible for supporting residents to participate in activities. Two of these staff were on duty simultaneously for three to four days each week and at least one was present in the centre on all other days, including weekends. Most activities were facilitated in the activities room on the ground floor and residents from the two units were assisted to attend. The programme of activities included board games, Sonas, reading, indoor or outdoor bowls, music, art and a prayer group. Movie nights had recently been introduced and DVDs were shown on Monday, Wednesday and Friday. The activity programme was flexible and guided by residents' preferences. One to one activities were facilitated for residents that did not attend group activities and an aroma therapist was

present in the centre doing had massage on one of the days of inspection. The centre had access to transport, which was shared between two centres. This was used to take residents to medical appointments and when there were sufficient staff on duty it was occasionally used to take residents on outings to local amenities. Residents had recently attended a Boccia competition in Cobh.

**Judgment:**  
Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

Heather House Community Nursing Unit is a two storey premises located on the grounds of St. Mary's Health Campus on the north side of Cork City. The first floor can be accessed by both stairs and lift. The centre is registered to accommodate 50 residents. Resident accommodation on each floor comprises 17 single bedrooms, two twin bedrooms and one four bedded room. All of the bedrooms are en suite with shower, toilet and wash hand basin.

Overall the centre was bright, appeared to be clean throughout, spacious and there was a good standard of décor. There were overhead hoists in each of the bedrooms. The bedrooms were adequate in size for a bed, bedside locker and a chair for each resident. Many of the bedrooms were personalised with resident's personal belongings and possession, including pictures and paintings. Residents had adequate wardrobe space and there was lockable storage in each of the bedrooms.

There were adequate sanitary facilities separate from the residents' bedrooms, including a specialised bath on each floor. Communal space comprised two sitting rooms, one of which was designated a quiet room, and a dining room on each floor. On the administration wing of the premises, which housed various administration offices, there was also a large activities room, an oratory, and a hairdresser's room. There was a visitor's room located close to the main entrance.

Residents had access to suitable outdoor space on the ground floor and residents on the first floor were assisted to access this space, weather permitting. There was a laundry

room, which was predominantly used for cloths and mops, as most laundry was done by an external contractor.

Maintenance records indicated that equipment such as hoists, beds, mattresses and the lift had preventive maintenance carried out at suitable intervals. Training records indicated that most, but not all staff had up-to-date training in manual and patient handling. Training was scheduled for those members of staff that required refresher training.

**Judgment:**  
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):**

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

**Findings:**

There was a policy and procedure for making, investigating and handling complaints in the form of Health Service Executive (HSE) written complaints procedure, "your service, your say". The policy is displayed in the main reception area and is also outlined in the statement of purpose and function and in the residents' guide. There was also a local complaints procedure which detailed the person in charge as the complaints officer and the general manager as the person responsible for independent appeals. This procedure was also on display and contained adequate detail on how to make a complaint..

The inspector reviewed the complaints log, which detailed the complaint, the outcome of the complaint and whether or not the complainant was satisfied with the outcome of the complaint.

Residents and relatives told inspectors that they had easy access to the CNM and person in charge and the nurses on duty and felt they could report any complaints or concerns to them and these would be dealt addressed.

**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:**

There were written policies and procedures in place for end-of-life care. Staff were supported in the provision of end of life care by the residents' GPs and the community palliative care team, to which there was good access.

Religious preferences were documented and there was evidence that they were facilitated. Records indicated that end-of-life preferences were discussed with some residents and/or their relatives and these were documented in residents' records. As discussed under Outcome 11, care plans did not always detail comprehensive information in relation to end of life, such as whether or not resuscitation should be attempted. This was, however, recorded in the medical notes.

On the days of inspection 34 of the 48 residents living in the centre were accommodated in single rooms. Should a resident in a multi-occupancy bedroom become end of life they would not have access to a single room, without moving another resident from their bedroom. Family and friends were facilitated to remain with the resident including overnight, should they wish to do so.

**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:**

There were policies and procedures to support the management of residents' nutrition. There were adequate systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were weighed and assessed

for the risk of malnutrition on admission and at regular intervals thereafter.

There was a small bright dining room in each of the units where tables were set in an attractive manner with napkins, condiments and appropriate cutlery. There was seating for approximately 16 residents in each of the dining rooms and meals were served in two sittings, to facilitate as many residents as possible to eat there. The inspector reviewed the menu and was satisfied that residents were offered choice of food at mealtimes. Staff reported that residents often called to the kitchen to request a particular meal and this was facilitated. The catering staff were knowledgeable of the likes and dislikes of residents and there was an adequate system of communication between nursing and catering staff to ensure changes to special diets were facilitated.

Meals were attractively presented and staff offered assistance, if necessary, whilst maintaining residents' independence. Residents were seen to come to the dining room at various times throughout the morning for their breakfast. There was adequate access to dietetics and speech and language therapy. Supplements were prescribed for residents identified with nutritional risk.

**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):**

No actions were required from the previous inspection.

**Findings:**

Residents were consulted about how the centre was planned and run through residents meetings. The meetings were usually chaired by an independent advocate, however, the most recent meeting was chaired by an activities coordinator. Records indicated that the minutes of the meetings were reviewed by management to identify what actions, if any, can be taken to address the issues raised. Issues usually discussed at these meetings included mealtimes, activities and topical issues relevant to life in the centre.

A number of questionnaires were distributed in advance of the inspection in order to ascertain the views of residents and their relatives on the quality of life in the centre. Six completed questionnaires were completed by relatives and four were completed by or on behalf of residents. Overall, the feedback from the questionnaires was

overwhelmingly positive. This was reinforced by the discussions held by the inspector with a number of relatives who were complimentary of the staff, the quality of care and the environment.

Suggestion boxes were seen in the main foyer. Residents were facilitated to vote in national and local elections with a returning officer accompanied by a member of the Garda Síochána coming into the centre.

There was a flexible visiting policy in operation and visitors were seen to come and go throughout the days of the inspection. There was adequate space available for residents to meet with their visitors in private, should they wish to do so.

The manner in which residents were addressed by staff was seen to be appropriate and respectful. The inspector observed that residents' privacy and dignity was respected and promoted by staff and adequate screening was provided in shared bedrooms. Three of the four beds in each of the four bedded rooms were occupied, which enhanced the privacy of residents beyond what would be available should all beds be occupied.

**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):**

No actions were required from the previous inspection.

**Findings:**

Many of the residents bedrooms were personalised with pictures, photographs and ornaments and some furniture. There was adequate storage space for personal clothing and possessions.

Residents' personal clothing as well as all other clothing in the centre was sent out to an external laundry. The system in place for managing residents' clothing was effective. Residents stated that they were happy with the way their clothing and personal belongings were managed. Records indicated that occasionally clothing appeared to be misplaced but was usually located.

**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:**

The inspector reviewed the planned and actual staff roster and noted that there were adequate staff numbers on the days of the inspection to meet the needs of the residents. The person in charge informed the inspector that staffing levels and skill mix is kept under constant review in relation to the needs of the residents. Evidence of nurse's professional registration with the relevant professional body was available.

Residents and relatives spoken with by the inspector were complimentary of the staff and the care they provided. Training records viewed by the inspector indicated that there was ongoing programme of training. In addition to mandatory training that has been addressed under the relevant outcomes, staff had attended training on issues such as dementia, falls awareness, hand hygiene, cardiopulmonary resuscitation, dysphagia and medication management. The inspector was satisfied that the education and training available to staff enabled them to provide care that reflects contemporary evidence based practice.

Care staff training and education records reviewed by the inspectors confirmed that a number of care staff had achieved a Further Education and Training Award Council (FETAC) level 5 award or above.

**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:***

John Greaney  
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 report<sup>1</sup>**

<b>Centre name:</b>	Heather House Community Nursing Unit
<b>Centre ID:</b>	OSV-0000714
<b>Date of inspection:</b>	15/11/2016
<b>Date of response:</b>	12/12/2016

**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 02: Governance and Management**

**Theme:**  
Governance, Leadership and Management

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

There was a review of the quality and safety of care covering the period March 2016 to September 2016. The review addressed issues such as the activity programme, positive behaviour support, healthcare, end of life care, food and nutrition, and training and staff development. The review could be enhanced further by the inclusion of the results of assessments/audits as evidence to support the findings.

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

**1. Action Required:**

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

The annual Quality and Safety document has been reviewed retrospectively in December 2016 to review the previous year's care delivery and ensure that it complies with the standards. The findings of assessments and audits have been included in this review document to support the future planning of care delivery services for the centre.

Proposed Timescale: Completed

**Proposed Timescale:** 12/01/2017

**Outcome 03: Information for residents****Theme:**

Governance, Leadership and Management

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

Each resident had a contract of care detailing the services to be provided. While the contract detailed the element of the weekly fee to be paid by the resident it did not include the total charge for residency in the centre or fees for additional services such as hairdressing.

**2. Action Required:**

Under Regulation 24(2)(c) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of the arrangements for the application for or receipt of financial support under the Nursing Homes Support Scheme, including the arrangements for the payment or refund of monies.

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

All new contracts of care will include the total charge for residency in the centre as well as the resident's weekly contribution. There will be a note advising of the cost of additional fees in the contract of care. Current contracts have had the additional information requested added to them.

Proposed Timescale: Completed

**Proposed Timescale:** 12/01/2017

**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:**

Incident records indicated that a resident had a near choking incident relating to the ingestion of a foreign object. The risk assessment identified that the resident should not have access to paper tissues or knitting wool. However, the inspector observed that the resident had knitting wool in their possession on one of the days of inspection. This was immediately removed when pointed out to staff.

**3. Action Required:**

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

A scheduled plan of supervision and review in relation to both the concealment of these objects and the availability to the resident of said objects is now in place. It has been highlighted to all staff the importance of vigilance in relation to this resident and the risks of choking on foreign objects

Proposed Timescale: Ongoing

**Proposed Timescale:** 12/01/2017

**Theme:**

Safe care and support

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

Some risks had an initial risk rating quantifying the level of risk prior to the implementation of control measures and then there was a residual risk rating quantifying the level of risk following the implementation of control measures. This rating was not completed for all risks. Additionally, some control measures were identified as being additional controls when they should have already been implemented. For example, the risk assessment for a resident identified as at risk of choking identified that additional controls to be put in place included informing staff of the risk when this should already have been in place.

**4. Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

All risk assessments have been reviewed and rated both initially and residually after implementation of control measures.

Proposed Timescale: Completed.

**Proposed Timescale:** 12/01/2017

**Theme:**

Safe care and support

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

Records indicated that all except one member of staff had received up-to-date fire safety training.

**5. Action Required:**

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

21/11/16 and the staff member identified attended this training session. There is further training arranged for January 2017

Proposed Timescale: Completed.

**Proposed Timescale:** 12/01/2017

**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 sounded weekly to determine if fire doors were functioning appropriately.

**6. 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:**

A programme has been established so that the fire alarm will be set off on a fortnightly as per the HSE fire officers instructions to ensure that it is operating correctly and the centre is adhering to regulations.

Proposed Timescale: Completed and ongoing.

**Proposed Timescale:** 12/01/2017

### **Outcome 09: Medication Management**

**Theme:**

Safe care and support

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

The medication administration record (MAR) did not provide adequate space to clearly record the time PRN medicines were administered and the section of the MAR identifying why the medicine was administered was not always completed.

Due to the design of the MAR sheet, that did not differentiate a PRN sheet from a regular sheet, nurses had mistakenly signed twice on a number of occasions for administering the same medicine, making it appear as if the resident had been given the same medicine twice.

**7. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

A review of the MAR chart has taken place with the registered pharmacist and the PRN MAR chart has now been redesigned to allow for staff to write in the time of the administration of the PRN medications. There will be on going staff training in relation to correct completion of the MAR chart in relation to PRN medications

Proposed Timescale: Completed and ongoing.

**Proposed Timescale:** 12/01/2017

### **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:**

There was not always adequate detail contained in care plans. For example, one resident had an indwelling urinary catheter and recent advice from urology indicated that this should be irrigated on alternate days. The care plan, however, did not detail the type of irrigant or quantity to be used. Additionally, the end of life care plan for another resident did not indicate that a "Do Not Resuscitate" order had been signed.

**8. Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

A new care plan is being introduced to the centre in line with HSE residential care units. All nursing staff will received guidance and training on the completion of these care plans. All care plans will be reviewed to ensure that the correct information is contained in each resident's care plan.

Proposed Timescale: January 2017

**Proposed Timescale:** 31/01/2017