

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Churchview Nursing Home
Centre ID:	ORG-0000126
Centre address:	59/61 New Cabra Road, Phibsborough, Dublin 7.
Telephone number:	01 838 6987
Email address:	hilda@harveyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Willoway Nursing Home Limited
Provider Nominee:	Denis Shaw
Person in charge:	Anitha Achuthan
Lead inspector:	Leone Ewings
Support inspector(s):	Florence Farrelly
Type of inspection	Announced
Number of residents on the date of inspection:	35
Number of vacancies on the date of inspection:	3

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.

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 2009 and the National Quality 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 1 day(s).

The inspection took place over the following dates and times

From: 17 June 2014 10:30 To: 17 June 2014 14:30

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

Outcome 01: Statement of Purpose
Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 12: Safe and Suitable Premises
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This monitoring inspection was announced and took place over one day. The purpose of the inspection was to follow up on the actions arising from the inspection to inform an application to renew the registration of this centre carried out on 14 and 15 January 2014. The person in charge had changed since the registration inspection. This centre is registered to accommodate 43 residents however, the centre currently has 42 beds, on the day of inspection inspectors were informed that there were 35 residents at the centre with a further three residents in hospital, and one resident on home leave.

As part of inspection, inspectors met with the provider, person in charge, residents, relatives, and staff members. Inspectors observed practices and reviewed relevant documentation such as care plans, medical records, accident logs, policies and procedures. Part of the inspection involved a review of the action plans relating to governance, premises, fire safety, resident property management, finances, staffing, supervision and incident and accident management and follow up to the most recent statutory notifications to the Authority.

Further to the application to renew the registration of the centre, the provider had submitted revised documentation from a suitably qualified person confirming the building meets all the statutory requirements of the fire and planning authorities in relation to the use of the building as a residential centre for older people.

During the inspection the inspector reviewed eight outcomes and found the provider had worked on the action plan requirements from the last inspection. However, further to this inspection improvements relating to the premises, staffing and risk management were identified and specific non-compliances with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland were identified and discussed at feedback.

These requirements for improvements are outlined in the action plan to meet compliance at the end of this report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended), Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 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:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge had changed since the date of the last inspection and this was not reflected in the document given to inspectors at the commencement of the inspection. An updated statement of purpose and function was provided by e-mail to the lead inspector and further to review of some details of the person in charge had been updated. However, the number and size of rooms at the premises required review and updating to accurately reflect the application to register the designated centre.

Judgement:

Non Compliant - Minor

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The Authority had been notified of two changes in the role of person in charge since December 2013 and the provider informed the inspector by e-mail that a clinical nurse manager had been temporarily deployed from another of the groups designated centre from April 14 to May 9 2014, to assist in the centre whilst the person in charge was on unanticipated leave. This lack of consistent governance and management resulted in negative impacts for residents in relation to risk management as discussed in Outcome 7 and staff supervision/deployment referenced in Outcome 17 of this report.

During the inspection, inspectors reviewed staffing rosters, and met with the current person in charge to discuss her day to day role, she told inspectors she had been fulfilling/covering a role in the nursing complement owing to a reduced number of available permanent nursing staff on some of the days. From discussion with the person in charge and review of the rosters the inspectors determined that the person in charge was found to be rostered full time, but not in a full time management role. She completed a fit person's interview during June 2013 which was found to be satisfactory.

Judgement:

Compliant

Outcome 06: 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.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

The provider has put in place a system of reviewing and auditing the residents' finances since the last inspection. Property and monies held for safekeeping at the centre were now subject to audit. The inspector reviewed the arrangements in place to safeguard resident property and finances held on account. The person in charge and another nurse check the balance in a notebook on a monthly basis and record their findings. If a resident wishes to obtain their funds a signature was put in the notebook.

Judgement:

Compliant

Outcome 07: 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:

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

Findings:

Improvements had taken place since the last inspection relating to risk management and risks identified at the premises. Four of the five actions had been addressed including a handrail put in place in reception, and improvements relating to fire safety

have taken place. The inspector reviewed the risk assessment submitted by the provider relating to access to means of escape in room 8 and 11 and the provider had undertaken written risk assessments relating to ease of moving the bed frames in case of emergency. The previous systems in place of using padlocks on fire exits has ceased and three of the exits were key pad operated and the remainder were exited using keys located in nearby boxes, with the nurse in charge holding a spare emergency set of keys.

The provider has provided training for key staff on quality management systems, and undertaken to provide individual training to the person in charge to fully implement the risk management policy. Further to a review of documented accidents and incidents improvements were found with regard to implementing the risk management policy. The inspector acknowledges that work had commenced to improve the management and resident safety and staff had attended moving and handling training, and acknowledges receipt of falls audit dated 9 June 2014.

However, the inspectors were not satisfied that the follow up and governance relating to clinical accidents and incidents at the centre was adequate. The inspector also reviewed the quarterly notifications and records of serious incidents submitted since the date of the last inspection. The governance arrangements and procedures in place for responding to incidents which take place were not robust.

For example, one resident had a series of falls and serious incidents which had lead to a hospital admission; the arrangements for identified clinical supervision needs of the resident were not found to be adequate or put in place as required to meet the residents' needs by the nurse on duty at the time of the incident. The resident had been demonstrating behaviour which was challenging to staff and had recurrent incidents where supervision measures were not fully implemented as required by clinical needs. A number of other incidents reviewed by the inspectors related to lack of supervision, in the main sitting room and nearby toilet. The lack of defined supervision measures placed residents at risk, and this risk was not sufficiently mitigated by provision of appropriate diversional therapy or direct supervision measures for residents further to serious incidents recorded and reported to the Authority.

Judgement:

Non Compliant - Moderate

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

implemented.

Findings:

Since the last inspection the provider had put in place a handrail in the reception area adjacent to the lift. The centre is laid out over three levels within three interconnecting houses and was previously registered for 43 but the six bedded room has been reduced to a five bedded bedroom since this time. The current application for renewal of registration is for 42 residents.

The provider has stated that architectural plans have been drafted to renovate the building and bring the premises in line with the National Quality Standards for Residential Care Settings for Older People in Ireland and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). These draft plans and alternative measures to address the requirements of the Standards had been submitted by the provider further to a request by the Authority however, detailed final plans to include costings and timeframes for completion of works have not been submitted to date.

The provider and person in charge were aware of the challenges in making the necessary changes to the current premises. However, further to this inspection an ongoing issue with the practice of using an ensuite toilet facility in Room 11 (a four bedded room) adjacent to the day space which was documented in previous inspection reports had not been fully addressed by the provider from a privacy and dignity perspective. As part of the last inspection the inspector had requested that the internal management systems review how residents and staff are supervised to prevent a recurrence of the use of residents' facilities and also to improve signage to guide residents to the appropriate toilet facilities near the day space on this level. During the inspection inspectors also observed additional side tables and the cleaning trolley was being stored in a resident area of room 11.

The use of Room 10 was discussed with the provider during the inspection. This room is accessed via a narrow staircase with no lift to the one room on this level. Residents occupying this room had no toilet or shower facilities on this level. The provider and person in charge confirmed to inspectors that residents are assessed for their mobility prior to planning an admission and this is reflected in the centres statement of purpose. However, inspectors were concerned that should the resident's mobility subsequently deteriorate this room will not meet the needs of the resident and would present significant risk in relation to health and safety.

Judgement:

Non Compliant - Moderate

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was not satisfied that some practices in the centre promoted the privacy and dignity of residents residing in room 11. For example residents who did not reside in room 11 were using the en suite facilities in this room during the day. The inspectors had reviewed records of a previous expression of dissatisfaction on the last inspection which had not been fully addressed by the provider.

The door to room 11 was seen to be left open frequently during the day. The person in charge confirmed that staff did use the toilet facilities to bring residents to, as it was the closest toilet to the day room on this level.

Judgement:

Non Compliant - Moderate

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:

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

Findings:

The inspectors found that further to the last inspection that clothing in the laundry was found to be marked with individual residents' names, and there was no lost clothing which belongs to residents in the laundry room. Clean clothing and laundry were managed on a day to day basis by an allocated care assistant, who also returned the laundry to the resident's room. Staff were documenting resident clothing and property on admission to the centre. For example, one resident admitted in May 2014 had a list of her belongings made by staff and maintained in her resident records.

Judgement:

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.

Theme:
Workforce

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspectors found that there was adequate staff on duty on the day of this announced inspection for 35 residents. The person in charge was working from 08:00hrs to 20:00hrs and two staff nurses also worked alongside her with six care staff, two further care staff were supernumerary on the day and a member of staff also in place for activities from 09:30hrs to 12:30hrs, the inspectors were informed that a recruitment process was ongoing to provide a full time activity co-ordinator as the post holder had recently left their post. One member of the care staff were also allocated to work in the laundry from 12:00hrs to 17:00hrs as part of her duties. However, the hours not spent in direct care were not clearly identified on the roster. The person in charge agreed to address this on the staffing roster. Additionally the staff member's full name was not consistently documented particularly relating to supernumerary and bank staff working from other centres the provider operates.

While there was sufficient staffing in place during this inspection the inspectors reviewed staff rosters and found that there were a number of staff nurses on extended leave which necessitated staff being deployed from other centres operated by this provider. The provider stated that two staff nurses would return in early July 2014, including the deputy manager. The inspectors highlighted the need to provide adequate supports to the person in charge (or her deputy) to ensure a high standard of governance and action the findings and non-compliances outlined in this report. The provider was requested further to the inspection to identify supports to be put in place to the person in charge, by means of adequate nursing support to meet the changing needs of the residents. This information was provided to the Authority on 20 June 2014 by the provider, and gave assurances relating to the return to work of key permanent nursing staff to the roster from long term leave.

Judgement:
Non Compliant - Minor

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Churchview Nursing Home
Centre ID:	ORG-0000126
Date of inspection:	17/06/2014
Date of response:	11/12/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

Theme:

Leadership, Governance and Management

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

The statement of purpose does not clearly outline all of the resident accommodation and premises accurately, in line with Schedule 1.

Action Required:

Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

An updated Statement of Purpose was submitted to the Authority

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

Proposed Timescale: 31/07/2014

Outcome 07: Health and Safety and Risk Management

Theme:

Safe Care and Support

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

The follow up from accidents and incidents at the centre was not robust enough to fully demonstrate effective learning from adverse incidents involving residents.

Action Required:

Under Regulation 31 (2) (d) you are required to: Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

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

Incident and accidents involving residents may rise and fall according to their varying stages of dementia and during a short period there were two residents who accounted for the vast majority of the falls in the centre. This has reduced and returned to normal levels. All incidents were monitored closely and family and doctors were notified and involved in the preventative actions taken, which is not fully reflected in this report. We appreciate, however, that not all of the range of actions we considered were fully documented in the residents' care plans for the inspectors to review.

It may not always be obvious to people less familiar with our residents the downside of certain measures considered such as one to one supervision, which can itself trigger further incidents; albeit when it became appropriate this was put in place. Another example is the refusal by other residents of preventative measures such as hip protectors but attempts to use these measures could have been made clearer in the care notes.

It is important, however, for nursing homes to engage in informed risk enablement and positive risk taking as HIQA (in various publications) have also endorsed the benefits of this, which improves self-esteem, confidence and skills for our residents as well as ensuring that residents become less institutionalised. We are, however, mindful of the risks that promoting independence may bring.

In seeking to operate towards a restraint free environment judgments have to be made at a point in time based on the information available at that time. Subsequent reviews with the benefit of hindsight of entire behaviour patterns and the actions taken, either through in-house audits or by the inspectors, may suggest alternatives and we continue to review the learning from all incidents in our centre, mindful that in promoting resident independence and minimising the use of restraint, incidents will occur.

Proposed Timescale: 31/07/2014

Outcome 12: Safe and Suitable Premises

Theme:

Effective Care and Support

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

Storage of equipment in Room 11 was inappropriate

Action Required:

Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

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

This has been reviewed to ensure that only appropriate equipment is stored in residents' rooms

Proposed Timescale: 31/07/2014

Outcome 16: Residents Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The ongoing use of an en-suite toilet by residents from the nearby day room has not been reviewed by the provider and does not maintain residents' privacy and dignity who occupy room 11.

Action Required:

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

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

Following the inspection this toilet facility is only being used by the residents of room 11 and adherence to this is closely monitored by staff and is in compliance

Proposed Timescale: 31/07/2014