

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rush Nursing Home
Centre ID:	OSV-0000155
Centre address:	Kenure, Skerries Road, Rush, Co. Dublin.
Telephone number:	01 870 9684
Email address:	rushnursinghome@mowlamhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mowlam Healthcare Services Unlimited Company
Provider Nominee:	Pat Shanahan
Lead inspector:	Leone Ewings
Support inspector(s):	Sheila McKeivitt
Type of inspection	Unannounced
Number of residents on the date of inspection:	52
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.

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 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 30 August 2016 10:00 To: 30 August 2016 17:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This was an unannounced monitoring inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to follow up on matters arising from an inspection carried out on 23 June 2016, and to monitor the provider's progress with the action plans submitted.

A regulatory meeting was held with the provider on 26 June 2016 to discuss the findings of major non-compliances in staffing and governance. An improvement notice was issued at this meeting given the level of non-compliances found, as this impacted negatively on the safety and quality of life of residents. The provider's response included a commitment to put resources in place to mitigate the risks identified, and to ensure the needs of all residents are effectively met in a timely manner.

This inspection also considered notifications by the provider and person in charge. As part of the inspection, the inspectors met with residents, relatives and staff members observed practices and reviewed documentation such as policies and procedures, staff rosters, care plans, medical records and risk management processes. The findings of this inspection confirmed that progress was being made and the required actions were taking place. Risks associated with governance and management and supervision of staff were found to have been fully addressed.

A good standard of nursing care was being provided to effectively manage the needs

of all residents. Inspectors found the provider now ensured the assessed needs of all residents were planned for and met. The person in charge had changed since the time of the last inspection and she had supervised a full review of residents' care plans. She could clearly demonstrate sufficient monitoring was in place to deliver safe appropriate and consistent levels of service in line with the centre's statement of purpose. An assistant director of nursing had also been recruited, and clinical supervision had improved. All relevant information was submitted to HIQA as required following the notification. Recruitment procedures, induction and supervision for newly-appointed staff had also improved.

Evidence of improved governance processes resulting in changes to practice with positive outcomes for residents had commenced, and will need to be sustained. Improved staffing levels and skill-mix was also found. Medication management now reflected professional guidance. The Action Plan at the end of this report identifies some areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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:

The provider and person in charge were found to have put in place a revised governance system to address non-compliances. These improvements need to be sustained and carried out in full to meet regulatory requirements. HIQA had been notified of the temporary absence of the person in charge following the last inspection, and interim arrangements in place.

Sufficient resources were now in place to ensure the effective delivery of care in accordance with the statement of purpose. Inspectors found that improvements had taken place since the time of the last inspection, in terms of staffing and governance structure. For example, sufficient staff were on duty to meet the needs of residents, and the use of agency staff had reduced.

The inspectors found that there was a clearly defined management structure which identifies the lines of authority and accountability. Staff outlined their roles and responsibilities for daily care provision. Staff were appropriately clinically supervised and managed. For example, improved handover procedures and an additional midday handover.

The person in charge appointed by the provider in the absence of the person in charge shared this role with another nearby centre. One additional assistant director of nursing had also been recruited, with suitable management skills and experience. Further management oversight is in place by health care manager, who visits the centre once a week, and is available for advice and support.

Arrangements to review the ongoing governance and quality and safety of the service had been revised since the last inspection. A full review of resident dependency and assessment of needs was evidenced. This had been completed by the person in charge, who also co-ordinated a full review of each resident's care plans. The inspectors noted

that the dependency levels had increased slightly since the last inspection and care plans and assessments viewed were up-to-date.

The supervising health care manager attended this meeting. She was also the nominated person in place who ensured that all complaints were appropriately responded to. The new quality management systems meeting had commenced and there was written evidence that all aspects of the complaints made were comprehensively reviewed and responded to by the person in charge. Comprehensive and minuted structured monthly management meetings now took place. The inspectors reviewed the minutes and action plans of the first meeting held.

Audits were carried out and analysed in relation to accidents, complaints, medication management and wound care practices. Areas for staff training were identified and in the process of being implemented at the time of the inspection. For example, dementia care training was in progress at the time of the inspection.

Interviews with residents and relatives during the inspection were positive in respect of the provision of the facilities and services and the care provided. The inspectors saw that there was evidence of consultation with residents and their representatives in a range of areas. For example, the assessed needs of residents, care planning and the care plan review process. The records also confirmed the dates of the revised and updated care plans were evident from the resident's records viewed.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Details of the arrangements in place to meet the regulatory responsibilities of the person in charge had been submitted by the provider. Residents and relatives were also notified of this change.

The post of person in charge is being shared between two centres, by a registered nurse who works on a full-time basis between both centres. She has participated in ongoing professional development and has the required skills knowledge and experience in this role.

During the inspection she demonstrated ongoing commitment to improving outcomes for residents and there was evidence of quality improvement initiatives in place. For example audits of the service provision, and improved complaints management. The person in charge had a good knowledge of all residents' and their individual care needs.

The person in charge was supported in her role by a clinical nurse manager who deputises in her absence. A newly-appointed assistant director of nursing was also on duty and was in the process of completing her induction to the centre.

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

Findings:

Actions from the previous inspection included:

Improvements could be evidenced by the provider and person in charge, in the medication administration records and care plans. Records and language used had improved, however, further work was required to meet the regulatory requirements.

Records set out in part 6 of the regulations were available and kept in a secure place. The statement of purpose and resident's guide were complete and available. The directory of residents was checked and was found to meet the requirements of the Regulations. It was up to date with records of admissions, discharges and transfers maintained.

General records as required under Schedule 4 of the regulations were maintained including key records such as appropriate staff rosters, accident and incidents, nursing and medical records. Planned rosters were in place and a working rota was fully maintained. Changes to the systems of documenting staff rosters had taken place since the last inspection, and the staff rosters were now clear and easily reviewed.

All of the operational policies and procedures as required by schedule 5 of the regulations were available and were reviewed within the three year time frame as required by the regulations.

It was found that all records listed in schedule 3 and schedule 4 of the regulations were maintained in terms of accuracy and were updated regularly. End-of-life care plans were in now in place and all care plans had been updated over the last two months. However, the inspectors found that recommendations and guidance from the multi-disciplinary team were not consistently updated in care plans to inform and guide staff.

The inspectors reviewed a sample of staff files and found that they met all of the requirements listed in schedule 2.

Judgment:
Substantially Compliant

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:
Actions from the previous inspection included:
The inspectors found that each resident was now protected by the designated centre's policies and procedures for medication management. Improvements had taken place since the date of the last inspection, inclusive of training, additional staffing and supports to newly appointed staff. The administration of medication was now completed in a timely manner within the prescribed time frame.

There was a written medication policy which guided practice and administration practices. The inspectors found there was now a good standard of practice in place. Nursing staff were familiar with the arrangements around accepting delivery and appropriate storage requirements. There were appropriate procedures for the handling and disposal of out of date medications, with appropriate records maintained. Records of any returns to pharmacy were accurately maintained in line with the medication management policy.

The inspectors viewed completed prescription records and saw that they were in line with best practice guidelines. Written evidence was available that medication reviews were carried out where required. There was clear evidence of review of psychotropic medication and the use of any 'as required' medication was kept under review. The retail pharmacist was also involved in medication safety and was available if required in

the centre. The inspectors were informed that a medication audit took place monthly. The inspectors found this audit was comprehensive including records and practice, to identify areas for improvement (if any).

The person in charge confirmed that competency assessments were completed with new nursing staff by the person in charge or her deputy. All staff nurses involved in the administration of medications had undertaken medication management training updates. Competencies in medicines management could be evidenced by the person in charge. Staff confirmed that the most recent training had focused more on supporting residents to retain independence with medicines management, and safe practice.

Medication was safely stored in locked cupboards in clinical secure storage area accessed only by staff. Medications which required strict control measures were now found to be managed and kept in a secure cabinet, in keeping with professional guidelines. Nurses kept a register of all controlled drugs. Stock balance was checked and signed by two nurses at the change of each shift, and signed for as witnesses. The balance of medications reviewed by the inspectors reconciled with the records. The dates of opening of eye drops and other medication with short expiry dates was recorded by nursing staff and was consistently in line with good practice.

A medication audit completed by the person in charge took place on 14 July 2016. Systems were now in place to monitor for any medication errors, or near misses, and any other findings were discussed at nurses' meetings to prevent recurrence.

One area for improvement noted by inspectors was with the storage of oxygen cylinders in the clinical room, cylinders were not found to be fully secured.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
The complaints policy was in place which met regulatory requirements. The policy was displayed at the entrance and all complaints verbal or written were documented and actioned by the person in charge.

Residents and relatives could identify the person in charge as the complaints officer they

would contact if they had an issue or a complaint. Records of any feedback from residents and relatives was recorded and actioned. Inspectors reviewed the complaints records, which included details of the investigation and outcome and also indicated if the complainant was satisfied with the outcome of the complaint. There was evidence that improvements were implemented to ensure the issues within the complaint did not re-occur. Feedback about services at the centre was sought and complaints were discussed at management meetings. The person in charge had completed an analysis of areas for improvement as a result of complaints and issues documented in the centre. She had completed a full review of the themes of the complaints, for example, feedback about administration, catering, communication, supervision in communal space, staffing and responsive behaviours of other residents living at the centre.

Judgment:
Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

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

Findings:

Actions from the last inspection included improvements required to the number of staff nurses and inadequate skill-mix of staff on duty. The provider was found to have addressed the major non-compliance found in staffing. Inspectors found that there were now sufficient staff numbers and skill-mix to meet the assessed needs of the residents at the time of this inspection. The staffing in place was in line with the the statement of purpose.

Staff confirmed to inspectors that they had received a detailed induction programme. Nonetheless the records viewed by inspectors of this induction programme required improvement to fully evidence this aspect of staff training and supervision. The person in charge confirmed that there were three vacant health care assistant posts and one nursing vacancy as some permanent staff had left. Gaps in the planned staffing roster were covered internally with relief staff and some agency staff.

Inspectors reviewed the education and training received since the last inspection for

staff. A broad range of training had been provided including fire safety, moving and handling, responsive behaviours, wound care, elder abuse, pressure area care, dementia, and medicines management. Education and training was planned for, and completed and staff confirmed they felt competent to deliver care. For example, staff confirmed that revised medication management training for nurses had driven change and improvements and safer practice.

Staff were supervised appropriate to their role, and there was a clear management structure within the centre, with defined roles and responsibilities, that included the person in charge, two clinical nurse managers, staff nurses, senior health care assistants and health care assistants. There was a formal system of staff appraisal that included regular meetings with staff.

There were no volunteers working in the centre at the time of the inspection. The inspectors reviewed a number of staff files, and found that the nursing staff files reviewed contained up to date registration numbers. Schedule 2 requirements (contained within the sample viewed) were in place to show evidence of Garda Vetting disclosures were in place as required by the regulations.

Judgment:
Substantially 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:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Rush Nursing Home
Centre ID:	OSV-0000155
Date of inspection:	30/08/2016
Date of response:	26/10/2016

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Recommendations and guidance from the multi-disciplinary team were not consistently updated in care plans to inform and guide staff.

1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

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

the Chief Inspector.

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

All care plans have been reviewed and are updated to include the recommendations and guidance of the multi-disciplinary team. The PIC and Assistant Director of Nursing will continue to monitor clinical documentation.

Proposed Timescale: 31/10/2016

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:

Oxygen cylinders were not found to be fully secured in the clinical room.

2. Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

All oxygen cylinders are now fully secured to the wall.

Proposed Timescale: 26/10/2016