

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Swords Nursing Home
Centre ID:	OSV-0000181
Centre address:	Mount Ambrose, Swords, Co. Dublin.
Telephone number:	01 890 0089
Email address:	swords@mowlamhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mowlam Healthcare Services
Provider Nominee:	Pat Shanahan
Lead inspector:	Leone Ewings
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	46
Number of vacancies on the date of inspection:	13

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.

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 following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 28 July 2016 11:30 To: 28 July 2016 18:30

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 07: Safeguarding and Safety	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This inspection was unannounced and the purpose of this inspection was to monitor ongoing regulatory compliance, in line with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. Changes in governance of the centre had been notified to HIQA in that the person in charge was now involved on a temporary part-time basis, with the management of another nearby designated centre. This change was not found to be affecting the overall governance of this centre.

Residents spoken with expressed satisfaction with all aspects of care and services provided and complimented the staff. They confirmed that they enjoyed the quality of life and service provision at the centre.

The inspector found that the 12 action plans from the last inspection on 17 August 2015, had been fully addressed by the provider and person in charge. The centre was found to be in full compliance with 8 of the 9 outcomes inspected. The environment was maintained to a good standard, and was fresh, light and hygienic.

The action plan at the end of this report relates to omissions of signatures on some medication administration sheets

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:

Overall the provider was found to have fully addressed the moderate non-compliance relating to the provision of the annual review of health and safety and quality of life at the service. The annual report was reviewed by the inspector. Information relating to the quality and safety of care at the designated centre had been completed and informed planning. Further to a review of this report, the inspector found it was reflective of ongoing work and the governance of the service, and informed by surveys and feedback from residents about the quality of life at the centre. The systems in place for managing complaints and feedback from residents and relatives was robust.

The inspector confirmed that the lines of responsibility and accountability were clear, and sufficient resources were in place to manage service provision. Systems of audit and management oversight was well developed at the centre and the person in charge was well supported by two clinical nurse managers. For example, following the findings of the last inspection the medication audit frequency was increased to monthly.

The staffing rosters given to the inspector confirmed that skill mix of staff on duty. Further to a review of records and discussion with the management team the inspector found that management meetings took place once a month, and staff meetings took place regularly. Staff working on the day of the inspection the inspector spoke with demonstrated that they had a good knowledge of residents and the centre. Staff informed the inspector that they were well supported by management.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had not changed since the time of the last inspection, she was found to have the required knowledge and experience to hold the post of person in charge. She was supported in her role by an assistant director of nursing and two clinical nurse managers and the area healthcare manager. She had also recently commenced a temporary management role in a nearby designated centre, and residents and relatives had been notified of this with notices also in reception area. The inspector formed the opinion that this role, and the person in charges' involvement with the governance of both centres was effective and not having a negative impact on this 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):

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

Findings:

Records set out in Part 6 of the Regulations were available for inspection, and were kept in a secure place.

The daily nursing records were found to be in place and consistently documented an accurate and professional record of care provided, and the residents' condition. Staff

used an electronic record keeping system. Improvements in records of residents' weight records, and care plans were clearly evidenced. However, some improvement was required in relation to record keeping, as the inspector noted some omissions of signatures on some medication administration sheets on 23 and 27 July 2016.

Judgment:

Substantially 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):

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

Findings:

The provider was found to have fully addressed the moderate non-compliance relating to the provision of behavioural care plans for residents which promoted a consistent approach for staff.

The inspector found that systems and policy was in place to protect residents being harmed or suffering abuse. There was a policy in place to guide staff and they received appropriate training in adult protection. Care and communication was observed to be person-centred and in an environment which promoted residents' rights.

The centre was guided by policies on the protection of vulnerable adults in place and policies. The inspector found there was regular staff training in the protection of vulnerable adults, and the records confirmed that this was up to date. The assistant director of nursing discussed the content of the training programme which she delivered, including new staff, and knowledge of the local and National policy. Staff spoken to by the inspector were knowledgeable of the types of abuse and the reporting arrangements in place.

The person in charge and management team was aware of the requirement to notify any allegation suspected, or confirmed of abuse to the Authority. The inspector spoke to a number of residents who confirmed that they felt safe and secure in the centre.

A sample of resident records of residents who presented with responsive behaviours was reviewed by the inspector with the person in charge. Supportive care plans were developed and in place to inform staff and guide practice. Distraction techniques and a person centred approach was evident in care plans reviewed by the inspector. All care

plans were updated following specialist input and review where required. The inspector found evidenced based tools were utilised to monitor behaviours where required. Staff were familiar with the residents and understood their behaviours, what triggered them and implemented the least restrictive interventions as outlined in the written care plan. Evidence of multi-disciplinary review included guidance on any use of prescribed medication where indicated.

The policy, practice and assessment forms reviewed reflected practice in line with national policy, as outlined in Towards a Restraint Free Environment in Nursing Homes (2011). The person in charge ensured that a detailed risk assessment took place and the least restrictive intervention was in use. Alternatives had been trialled prior to the use of any bed rails. For example, use of low-low beds and crash mats. The person in charge could demonstrate an up to date risk register was in place.

Judgment:
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:

Overall the provider was found to have fully addressed the moderate non-compliance relating to the medication management.

The inspector found that each resident was protected by the designated centre's policies and procedures for medication management. However, some improvements were required in terms of records of administration as outlined in Outcome 5.

There was a written medication policy which guided practice and administration practices were where practices were observed to be of a good standard. 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.

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 'as required' medication was low. The retail pharmacist was also involved in medication safety and was available if required in the centre, the inspector was informed that medication audit took place monthly by the assistant

director of nursing.

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.

Medication was safely stored in locked cupboards in clinical secure storage area accessed only by staff. Medications which required strict control measures were 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. The balance of medications reviewed by the inspector reconciled with the records. The dates of opening of eye drops and other medication with short expiry dates was recorded by nursing staff consistently in line with good practice.

Medication audits were also completed by the pharmacist to identify areas for improvement and there was documentary evidence to support this. Systems were in place to monitor for any medication errors, or near misses and any findings were discussed to prevent recurrence. The person in charge informed the inspector that there were plans to implement a new system of medication management and training had commenced with staff.

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:

Overall the provider was found to have fully addressed the moderate non-compliance relating to care planning. A nutritional risk register was viewed by the inspector and a review took place every two weeks for each resident. The inspector formed the view that there was adequate oversight in place to monitor, and communicate nutritional needs to catering and care staff.

Residents confirmed that they are actively involved in the assessment and care planning

process. Care plans are reviewed four monthly or more frequently if required, for example following a change in the residents' condition. All care plans viewed had been updated within the last four months and sooner where there was a changing need. An evidenced based policy on nutrition and hydration was in place and guided practice. The inspector reviewed records of residents' body weights and nutritional care plans in place. The specialist reviews of dietitian or speech and language therapists informed the care plans and were updated following reviews.

The inspector evidenced that there was a good system in place for ensuring residents healthcare needs would continue to be met. For example, falls' prevention and management, pain management, wound care and nutritional risk assessments. Residents had regular and timely access to their General Practitioner and doctor-on-call services were in place in the evening time and over the weekend. Referrals were facilitated including speech and language (SALT), chiropody and a dietitian. Dental, optical and audiology services are provided locally and on-site where required. The physiotherapist was rostered twice weekly and additional services could be availed of, and occupational therapist will be available on a referral basis. Specialist psychiatry and access to specialist medicine for the elderly was availed of when required on a referral process. Palliative care specialities are available on a referral basis.

Activity and choice of pastimes for residents was fully facilitated and choices respected. Residents gave positive feedback to the inspector about the quality of their daily lives and supports in place to maintain their independence. The residents' right to refuse to be involved with any form of planned activity was also fully respected. The inspector was informed that resident involvement with planning activities within and outside the centre was sought and facilitated by staff.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

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

Findings:

Overall the provider was found to have fully addressed the moderate non-compliance relating to increasing access to secure garden space and layout of the laundry had

improved.

Since the time of the last inspection a new garden had been created and this had been landscaped to a good standard and had level pathways and seating in place. This area was accessed from one of the wings and the door was open and accessible.

The laundry was outsourced, apart from residents' personal items of clothing. A laundry assistant works each day from 4pm to 8pm. Procedures to manage residents' clothing were observed to be satisfactory. The staff member was on unscheduled leave on the day of the inspection, but another staff member was covering the hours and had satisfactory experience in this role. Items of clothing requiring higher temperatures for infection prevention and control reasons were managed using the red alginate bag system and washed at the appropriate temperature in line with the policy. The staff member was knowledgeable about the washing, drying, ironing and return of clothing to each resident. Residents' clothing was labelled discretely to assist return and the laundering process.

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):

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

Findings:

Overall the provider was found to have fully addressed the moderate non-compliance relating to the communication of dietary needs and advice from the dietitian to the catering staff. Residents were observed to enjoy their meals in the dining room or in their own bedrooms. The inspector spoke to the chef and staff serving meals. Staff were found to be knowledgeable about residents food and drink based on nutritional assessments, including modified, fortified and normal diets prepared by the kitchen staff. The records of nutritional assessment were maintained to a high standard and included nutritional reviews. A detailed information folder was in place in the kitchen and the catering staff outlined the choices and meals available to the inspector.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have

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

Theme:
Workforce

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

Findings:
The provider fully addressed the previous moderate non-compliance in recruitment procedures. This related to meeting schedule 2 requirements to show evidence of Garda Síochána vetting procedures, and to introduce new staff induction procedures. The inspector reviewed the staff files of three newly appointed staff, which included the records of the vetting request to the Garda Vetting Unit. The inspector reviewed the staff files of three newly appointed staff, which included the record of the vetting request. A self declaration was also in place on each file. A new staff member working in the laundry had a written record of relevant induction training completed at the time of commencement.

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:

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:	Swords Nursing Home
Centre ID:	OSV-0000181
Date of inspection:	28/07/2016
Date of response:	07/09/2016

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:

Omissions of signatures on some medication administration sheets on 23 and 27 July 2016.

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:

There is a monthly audit to review compliance with the centre's medication management policies. An action plan is completed to address any areas of non-compliance. The PIC has investigated the issue of signature omissions on some medication administration sheets and this has now been resolved. The PIC and ADON will continue to monitor compliance with the signing procedures; nursing staff have been made aware of the importance of adhering to correct procedures in medicines management and the need to always remain vigilant regarding the requirement for appropriate, accurate and complete record-keeping.

Proposed Timescale: 06/09/2016