

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Harbour Lights Nursing Home |
| Centre ID: | OSV-0000345 |
| Centre address: | Townasligo, Bruckless, Donegal. |
| Telephone number: | 074 973 2020 |
| Email address: | harbourlights22@gmail.com |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Caring Hands Limited |
| Provider Nominee: | Jack O'Neill |
| Lead inspector: | Geraldine Jolley |
| Support inspector(s): | None |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 48 |
| Number of vacancies on the date of inspection: | 5 |

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 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: 22 February 2016 10:30 To: 22 February 2016 17:30

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

| Outcome | Our Judgment |
|---|--------------------------|
| Outcome 01: Statement of Purpose | Compliant |
| Outcome 02: Governance and Management | Non Compliant - Moderate |
| Outcome 04: Suitable Person in Charge | Compliant |
| Outcome 05: Documentation to be kept at a designated centre | Non Compliant - Moderate |
| Outcome 07: Safeguarding and Safety | Compliant |
| Outcome 08: Health and Safety and Risk Management | Substantially Compliant |
| Outcome 09: Medication Management | Compliant |
| Outcome 11: Health and Social Care Needs | Non Compliant - Moderate |
| Outcome 12: Safe and Suitable Premises | Non Compliant - Moderate |
| Outcome 14: End of Life Care | Non Compliant - Moderate |
| Outcome 15: Food and Nutrition | Compliant |
| Outcome 18: Suitable Staffing | Compliant |

Summary of findings from this inspection

This monitoring inspection was unannounced and took place over one day. The inspector reviewed documentation such as care plans, accident and incident reports and the staff duty. Care practice and the delivery of care were observed in relation to the medication management system, meal times, the promotion of independence and social care. The inspector talked to residents about their experience of living in the centre and talked to staff about their day to day work and training.

The inspector found that standards of nursing and social care were appropriate to residents needs and that residents had a good quality of life in the centre. Care plans described the choices and preferences made by residents in relation to diet, personal care and how they spent their time. Staffing numbers and skill mix were adequate and took account of the needs of residents and the size and layout of the premises. Residents who had problems associated with confusion or dementia had opportunity to engage in meaningful activity and there was a range of memorabilia and

reminiscence material available for staff to facilitate activities.

Care plan documentation confirmed that staff were aware of residents abilities as well as their care needs and information on the activities that residents could do for themselves in areas such as personal care was recorded and used by staff in day to day practice. All staff had received training in topics such as adult protection, fire safety and moving and handling and training had also been provided for staff on other topics that included infection control, aspects of end of life care, memory problems and dementia care.

Residents told the inspector that staff were "kind and gentle" and said that they responded promptly when they asked for assistance and when they used the call bells. Staff were also described as "considerate and understanding" and "patient when we need to take time to do things". Residents said that they had choices at meal times and described the food as "very tasty" and "varied". Three residents said that food was prepared according to their particular preferences and said that staff offered alternatives if main meals were not appealing to them. Residents also said they enjoyed a range of activities and valued the efforts of staff who they said ensured they had something to do and organised an activity during the morning and afternoon. Daily and local papers were available and several residents were observed to read papers and magazines during the day and to talk about local events with staff.

The premises were in generally good decorative condition and the communal areas were noted to be well used during the day. There was a well organised appropriately ventilated area for residents who smoked. Protective clothing was available if residents needed this. This area was also provided with a radio and comfortable chairs.

The last inspection was an announced inspection conducted as part of the registration renewal process. The inspection report outlined areas of non compliance in relation to the statement of purpose, documentation, risk management and the premises. These areas were reviewed during this inspection and the majority of the required actions had been addressed with the exception of the completion of an annual review and the premises issues. There are a number of communal bedrooms that accommodate four residents and there was also a deficit in the number of baths/showers available and accessible to residents in some areas of the centre. The latter had been addressed by the installation of an additional shower and the provider had plans in place to improve privacy in the time allocated to make such improvements. During this inspection there was evidence of good compliance across the majority of outcomes reviewed. The matters that were identified for attention included improvements to the way fire drills were recorded to enhance learning from these exercises, some end of life care plans lacked detail and did not guide staff in a meaningful way and care records did not provide an overview of social care provided or how residents participated and also lacked information on responses to treatment interventions such as antibiotics.

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):

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

Findings:

The statement of purpose was noted to require revision at the last inspection and a revised version that met schedule 2 requirements was made available to Hiqa at the time of registration renewal.

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):

No actions were required from the previous inspection.

Findings:

The inspector found there were sufficient resources to ensure the effective operation of the service in accordance with the Statement of Purpose. There was a clearly defined management structure that identifies the lines of authority and accountability. The person in charge reported to the provider who had a regular presence in the centre and was available to provide advice when needed. The person in charge has been in this role

since February 2011. The fitness of the provider and person in charge was determined by interview on previous inspections and will continue to be determined by ongoing regulatory work, including future inspections of the centre and responses to actions arising from inspections.

A report on the quality of care and quality of life of residents as required by regulation 23(d)-Governance and Management had not been compiled however there was information on aspects of the service that included the environment, medication management, nursing care and restraint monitoring. As described in previous reports the system for quality assurance and continuous improvement required development to ensure that the system enabled staff to identify and address areas for improvement and change. Under regulation 23(d) the registered provider shall ensure that that an annual review of the quality and safety of care delivered to residents in the designated centre is carried out and this review must be carried out in consultation with residents and their families to ensure that such care was in accordance with relevant standards set by the Authority under Section 8 of the Health Act. A copy of this review is required to be made available to residents.

Judgment:

Non Compliant - Moderate

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 was present during this inspection. She is an experienced nurse and manager and is actively involved on a day to day basis in the organisation and management of the service as required by Regulation 14-Persons in charge. She works full time.

The person in charge demonstrated that she had good knowledge of the legislation and standards throughout the inspection and was aware of the areas that needed improvement to fully comply with legislative requirements. She was familiar with residents care needs including the specialist needs and preferences of residents.

She demonstrated that procedures were in place to ensure the effective provision of clinical care and that the general welfare and protection of residents was a priority for staff. There was a suitably qualified and experienced nurse available to take charge when the person in charge was off duty.

The person in charge had been engaged in ongoing professional development and had attended statutory training in fire safety, moving and handling and adult protection. The inspector was satisfied that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis and had demonstrated a commitment to improving outcomes for residents. Residents and relatives said that they would approach the person in charge if they had any concerns or matters to discuss.

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:
There was one action required from the previous inspection. This related to a deficit in the required information recorded in the directory of residents. The inspector found that the required information is now recorded.

The inspector reviewed a range of documents, including residents' records, staff files, policies and procedures and maintenance records. While all the required records were available and generally well maintained there were improvements required in the daily records maintained by nurses as these did not fully outline social care interventions or changes and responses to treatments put in place during acute phases of illness.

Judgment:
Non Compliant - Moderate

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 inspector found that there were measures in place to protect residents from harm and to respond to allegations of abuse. Training records confirmed that all staff had been trained in the protection of vulnerable adults. Staff that the inspector talked to and the person in charge could describe aspects of the adult protection procedures and were clear about the procedures in place for the detection and response to any allegation or suspicion of abuse. There a policy to guide staff on prevention, detection and response to elder abuse. This had been revised in response to an action plan in the last report and the procedure to guide staff should an allegation of abuse be made against a member of the management team had been outlined.

Residents that the inspector spoke to said that they felt safe and protected by staff. They said they felt "secure in the company of staff" and one resident described feeling protected and safe in the following way; "I know what it is like be feel nervous and anxious and I never feel that way here. Staff are reassuring and care for us in every way". Residents also said that when they felt unwell they were "very well attended to" and that they did not have to wait for attention when they needed assistance.

A policy on restraint use was in place to guide staff and staff conveyed a good understanding of the assessment required in relation to the use of such equipment. There was evidence that consideration was given to the use of less restrictive measures before bed rails were used. The inspector reviewed the use and management of restraint and found that it was well assessed and monitored.

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 were systems in place to promote and protect the safety of residents, staff and

visitors to the centre. An action plan in the last report described the requirement for a comprehensive risk management policy in accordance with regulation 31. This had been addressed. The safety statement and a risk management strategy had been revised in March 2014. There were risk management arrangements in place that were overseen by the person in charge, provider and maintenance manager. There was emphasis on hazard identification and preventive action to reduce risk. The duties of staff to report any hazards that could lead to an accident were outlined. Prevention measures to avoid incidents such as slips, trips and falls included assessments for falls risks, the use of protective equipment and the use of hazard signs when cleaning was in progress. There was a process for the review of incidents and near misses to avoid further episodes. The incident record for 2015 and 2016 was reviewed. The inspector found that incidents and follow up care were described well. If residents sustained falls that were unobserved neurological observations were recorded so that consequences were detected in a timely way and deterioration prevented. A resident who had sustained a fracture was noted to have recovered well and had resumed her previous activity level and independence with the support of regular physiotherapy and rehabilitation by staff.

There were systems in place to ensure good infection control management. There were hand sanitising solutions and hand gels available throughout the centre. These were noted to be used frequently by staff as they moved from area to area and from one activity to another. Hand washing and hand drying facilities were located in the toilet and sluice areas. Supplies of personal protective equipment were available and were also noted to be used appropriately by staff. Cleaning staff could describe the routines they followed when cleaning rooms and all staff interviewed said they had regular hand hygiene training.

Clinical risks such as skin fragility, tissue viability, compromised nutrition status and dementia were described in care records and there were protocols put in place as part of the risk management system to alert staff to hazards associated with these conditions. For example, pressure relieving equipment and specialist beds were in use to prevent pressure area problems and small changes in residents' weights prompted weekly weight checks so that problems were detected early and residents were referred for specialist advice to prevent deterioration in health. There were good descriptions of the risks presented and the control measures in place described in the relevant areas of care records.

Measures were in place to prevent accidents in the centre and grounds. The building was well organised, hallways were free from obstructions and there were hand and grab rails in hallways and in bathrooms and toilets. Manual handling assessments were completed, were up to date and reflected resident's dependency and capacity to mobilise. The assessments indicated where hoist transfers were required and the information for staff was reviewed at the required intervals and when residents' needs changed.

There were moving and handling procedures in place and all staff had up to date training in moving and handling techniques. Equipment was noted to be in good condition and regularly serviced. The last service dates for hoists, slings, specialist chairs and profiling beds were 16/18 December 2015 and 29 January 2016. Hot water temperatures or radiators did not present a burns risk when tested.

The fire safety arrangements were noted to be satisfactory. There was a fire safety procedure and clear floor plans of the building that identified fire exit routes were on display. A fire register was in place and this described the regular checks of fire fighting and fire alert equipment as well as fire drills and unplanned activations of the fire alarm.

There was a daily check of fire exits and the fire alarm and monthly checks of the automatic door closures and other equipment. Equipment such as fire extinguishers, emergency lights and the fire alarm were serviced on a contract basis according to records viewed. Regular fire drills were completed and the records indicated that six fire drills had been conducted during 2015. There was a weekly test of the fire alarm and this was noted to include some activations of the alarm when night staff were on duty. The inspector noted that while fire drills were recorded the record did not convey what actions had taken place, any problems that arose and did not identify learning for future drills or training exercises. The local fire service had a copy of the plans/layout of the premises. Fire fighting and fire alert equipment was serviced regularly and the service record was up to date.

The centre had a missing person procedure and there were measures in place to ensure that residents did not leave the building unnoticed. Exit doors were alarmed and residents were appropriately supervised throughout the building.

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):
No actions were required from the previous inspection.

Findings:
The inspector found that there were safe systems in place for the management of medication. There was an area where medication trolleys and supplies of medication were securely stored. Fridges used to store medication were functioning at an appropriate temperature which was checked and recorded regularly by staff.

Staff were well informed about the medication in use and residents' medication regimes. Medication was supplied in a monitored dosage system which nurses said they found safe and easy to use. Residents were noted to be observed closely when taking medication and where required liquid preparations were used where residents had swallowing problems. Medication was administered in accordance with the centre's policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery

Board of Ireland) guidelines. Staff adhered to good practice standards by ensuring medication was checked at the point of administration and time was taken to ensure residents understood what they were taking and were noted to be given time to have liquids with medication . There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents.

The prescription sheets included all the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. Nurses do transcribe medication and in such situations two signatures were available and medication was also signed by doctors. Maximum does of PRN (as required) medication was recorded. Resident's medication was noted to be reviewed every three months by the GP, nursing staff and by specialist services.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift. A random sample of medication stored was checked against the register and the quantities available were in accordance with the balance recorded in the register. Residents who required regular monitoring of blood sugar levels had individual glucometers for this purpose.

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:

There were fifty residents accommodated during this inspection. An assessment of dependency levels was completed to inform care practice and guide staff deployment. The majority of residents-80% had been assessed as having maximum or high level care needs. The remaining residents were assessed to have medium or low care needs.

Assessment records, care plans and daily progress notes were maintained on a computerised system. The inspector found that the standard of care planning was

satisfactory and that evidence based needs assessment tools informed care plans. Assessments provided information on residents' risk profiles for falls and pressure related skin breakdown which informed risk reduction actions including the use of specialist equipment and care regimes. Assessments were also completed to inform the management of areas such as continence, cognitive condition, nutrition and day to day personal care. Overall, the inspector found that residents' health and social care needs were met. Residents had access to general practitioner (GP) services, to a range of other allied health professional services and to a range of social opportunities.

There was good linkage between assessments of needs and care plans however where residents had fluctuating conditions such as respiratory infections and were prescribed short term treatments daily records did not reflect the associated nursing assessments or information on the impact of the treatment regimes in place. An action plan in relation to records is outlined in outcome 5-Documentation to be kept at a designated centre. For example there was a deficit in the information recorded in relation to social care and while this area was assessed and residents choices recorded in respect of the activities they enjoyed there were few references to social activity either in daily records or in care plans. It was not evident for example what activity residents attended from day to day or how they had enjoyed or participated in the activity. The activity programme was facilitated by health care and nursing staff and the inspector found that there was consistent staff commitment that ensured that social care activity was available every day to meet the needs of all residents. Residents were noted to have ample supplies of activity materials. Recently they had made St. Bridget's crosses and Valentine's day cards. A therapy dog visited regularly and residents said they really enjoyed this as many of them had had pets at home.

The contribution of allied health professionals including assessments and recommendations made were available in care records and the inspector found that interventions to be carried out by staff were undertaken as prescribed. For example, food consistency and supplements were provided in formats outlined by speech and language therapists and physiotherapy exercises outlined to promote and maintain independence were undertaken with good outcomes for residents.

The inspector noted that assessments and care plans were reviewed regularly and that residents and/or their relatives were consulted about their care and treatment. There was ongoing dialogue with families to keep them updated with resident's progress and treatments. Residents confirmed that staff discussed their care and progress with them regularly and the inspector was told by a resident that staff had ensured that they had good information before their move to residential care and since then care practice had been discussed so that it reflected her choices and how she wished to live while in the centre.

Residents told the inspector that they were keep up to date by reading local and national newspapers and by watching television and listening to the local radio station. Some residents had radios in their rooms and there was access to television in the sitting/dining area and in bedrooms. There were several local papers available and residents said that they discussed local news and events with staff which also kept them up to date.

Residents were facilitated to practice their religion and there was access to clergy from different denominations/faiths when required. Clergy from differing faiths visited the centre and could be contacted to visit in response to residents' requests. The inspector found that staff knew residents well and had a good understanding of their care needs and how they wished their care to be delivered. Residents said they valued staff for the time they spent with them and for their commitment to ensuring they were cared for to a good standard.

Residents were observed to be adequately supervised by staff when in bedroom areas and in communal rooms.

Judgment:
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. 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):

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

Findings:

The centre was located in a residential area a few miles from the town of Killybegs and overlooked Killybegs Harbour. The premises were noted to be well organised, visibly clean and generally well maintained. The provider had made significant efforts to ensure the centre was comfortable, appropriately furnished and protected the dignity and privacy of residents. Screening curtains were in place in all shared rooms.

There were three action plans related to premises in the last report. There were two showers in one area of the centre where 25 residents were accommodated. An additional shower had been provided to meet the needs of residents more appropriately. The privacy deficit in the visitor's room had been improved by the addition of a curtain. There were seven multiple occupancy rooms that accommodated four residents and plans to address this and improve standards of privacy offered to residents are in place to ensure this is achieved by the revised time line of 2021. These plans and the time frame for completion were finalised and sent to the inspector subsequent to the inspection.

Bedrooms were noted to be appropriately furnished and had adequate storage space for

personal possessions. Most communal bedrooms had space for a chair by the bed and ensuite facilities were adequate in size and could be locked. There was an accessible call bell by each bed.

There was appropriate sitting and dining space for residents and all areas were noted to be used well by residents during the day. A smoking room that was adequately ventilated and well furnished was available for residents who smoked. Protective clothing was available if residents required this. Storage of equipment was noted to be managed well and did not present a hazard. The laundry was clean and had adequate equipment for washing and drying bed linen and clothing.

The following areas were noted to require attention in that the carpet was frayed in some hallways particularly at the entrance to the prayer room, some toilets did not have handrails to support residents with mobility problems and there was a lack of signage to guide residents particularly residents with memory problems around the building.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Staff conveyed sensitive and well informed attitudes to end of life care. There were no residents in receipt of end of life care interventions when the inspection was completed. In the sample of residents' records reviewed the inspector found that end-of-life preferences and wishes had been documented in some records but were not consistently recorded. The person in charge said that this was a work in progress as there were times when it was difficult to approach this topic and there were some residents who did not wish to talk about death or dying. Residents who had outlined their end of life wishes or advised of their wishes in advanced care directives had described their wish to remain in the centre, to be conservatively treated and to have family with them.

There were arrangements in place to ensure that family members could remain with residents when they were very ill and refreshments were provided to contribute to their comfort. There was a policy available to guide staff on end of life care practice and the person in charge had attended training on end of life care. Access to palliative care

services and advice was readily accessible the inspector was told.

Judgment:

Non Compliant - Moderate

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:

The inspector found that a nutritious and varied diet was offered to residents, that choices were available at mealtimes and staff offered assistance to residents in an appropriate and sensitive way. Residents were offered snacks and refreshments at various times throughout the day. There was water and juices available in communal areas and a variety of drinks and refreshments were offered to residents at varied times throughout the day. Residents described the standard of food and catering as "very good" and also said they had plenty of variety. A choice was offered at each meal time and the inspector saw that this was described meaningfully by staff at meal times and residents were reminded of the choices on offer when they had forgotten what was on the menu.

Residents' weights were monitored monthly and more regularly when required. The inspector noted that input had been sought from residents' General Practitioners, a dietician and speech and language therapist when required and recommendations were recorded in residents' files and reflected in the care plans.

An action plan in the last report required that improvements were made to how food and nutrition records were maintained as they did not reflect the amount and type of food consumed. This had been addressed. These records were noted to be fully complete and accurately described the when and what food and fluid quantities were consumed. For example the size of portions and liquid quantity was outlined and the requirement for the maintenance of food records in accordance with schedule 4 was met.

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 inspector found that there were adequate numbers of staff scheduled to be on duty during the day and night to meet the needs of residents accommodated. There were 2 nurses (including the person in charge) and seven health care assistants on duty during the morning and two nurses and five/six health care assistants were on duty during the afternoon and evening period. A nurse and three health care assistant were on duty at night. The person in charge worked 12 hour shifts and had allocated time for her administrative duties. In addition there were two catering staff available until 17.00 hrs. An administrator, laundry, maintenance and household staff were available. The provider was also in the centre most days and dealt with administration and business responsibilities related to the centre.

Residents and staff spoken with expressed no concerns with regard to staffing levels. The inspectors observed that call-bells were answered in a timely fashion, staff were available to assist residents and residents were supervised in the dining/sitting rooms throughout meal times and at other times of the day.

The inspector reviewed the training records and found that training on the mandatory topics of moving and handling, adult protection and fire safety had been completed within the required time limits. In addition training on nutrition, aspects of end of life care, management of swallowing problems and medication management had been undertaken by staff during 2014 and 2015.

An action plan in the last report outlined that all the schedule 2 information was not available for staff and required that this was addressed. The inspector found that in the two staff records reviewed that the required information was available and readily accessible.

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:

Geraldine Jolley
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: | Harbour Lights Nursing Home |
| Centre ID: | OSV-0000345 |
| Date of inspection: | 22/02/2016 |
| Date of response: | 10/05/2016 |

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:

A review of the quality and safety of care including consultation with residents had not been compiled as required by Regulation 23.

1. Action Required:

Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

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

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

Under regulation 23: Quality and safety of care, this is reviewed annually and this review is being carried out in consultation with residents and families

Proposed Timescale: 30/05/2016

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:

The daily records of the persons health and condition and treatment given as outlined in Schedule 3 paragraph 4 were not fully complete as social care interventions and responses to treatments given in the short term were not fully described.

2. 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 the Chief Inspector.

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

Daily records of person's health conditions and treatments given are documented completely and social care interventions and responses to treatments given in the short term are fully described in the daily notes.

Proposed Timescale: 10/05/2016

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:

The record maintained of fire drills did not describe the process of the drill, any shortfalls in the procedure or any learning from the drills undertaken to guide and inform staff.

3. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Documentation will be compiled to cover all of the above actions.

Proposed Timescale: 10/05/2016

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:

Care plans required review to ensure that social care needs are assessed and reviewed and to ensure that social activity is included as part of the overall assessment and review process as required.

4. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Care plans are reviewed to ensure the social care needs are assessed and social activity is included in overall assessments, reviewing 3 monthly.

Proposed Timescale: 10/05/2016

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:

The following areas were noted to require attention in that the carpet was frayed in some hallways particularly at the entrance to the prayer room, some toilets did not have handrails to support residents with mobility problems and there was a lack of signage to guide residents particularly residents with memory problems around the building.

5. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The above areas needing attention have all been corrected with regard to the needs of the residents.

Proposed Timescale: 10/05/2016

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

Care plans for end of life care did not always provide the range of information that would enable staff to provide care in an informed way in accordance with residents' wishes and preferences.

6. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

Care plans of end of life care are in the process of review to provide information that would enable staff to provide care in accordance with residents wishes and preference.

Proposed Timescale: 30/06/2016