

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rushmore Nursing Home
Centre ID:	OSV-0000381
Centre address:	Knocknacarra, Galway.
Telephone number:	091 523 257
Email address:	rushmorenursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Rushmany Nursing Home Limited
Provider Nominee:	Sharon Conlon
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
29 May 2017 10:10	29 May 2017 18:00
30 May 2017 08:30	30 May 2017 12:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Major

Summary of findings from this inspection

This report sets out the findings of an announced inspection, carried out by the Health Information and Quality Authority (HIQA). The centre can accommodate a maximum of 27 residents who need long-term care, or who have respite, convalescent or palliative care needs. In applying to renew registration of the centre the provider has applied to accommodate a maximum of 27 residents. This is the same level of occupancy which the centre is currently registered to accommodate.

The inspector reviewed progress on the action plan from the previous inspection. All of the work required by the previous inspection was satisfactorily completed. Notifications of incidents received since the last inspection were reviewed on this visit. The inspector met with the management team who displayed a good knowledge of the regulatory requirements. The provider works full-time at the centre in an administrative capacity alongside the person in charge. There is a senior nurse notified to HIQA to deputise in the absence of the person in charge. The person in charge fulfils the criteria required by the regulations. She has been employed at the centre since February 2015.

Prior to the inspection, questionnaires were forwarded to the centre for distribution to residents and relatives. Completed questionnaires were reviewed by the inspector and feedback was in the main positive. There were 25 residents accommodated in the centre during the inspection. The majority were residing in the centre for continuing care. Three residents were admitted for a period of convalescent care at the time of this inspection.

Over the past year the building has undergone major structural renovation to enhance the quality of the living environment. The first floor has been entirely renovated. Seven single en-suite bedrooms and a lift have been provided. The sitting room has been divided to provide two separate sitting areas providing residents with a choice of a smaller quieter sitting room. There is an ongoing program of painting and decorating of the corridor and bedrooms on the ground floor in progress.

Each resident had a care plan based on an ongoing comprehensive assessment of their needs, which was regularly reviewed to reflect changes in their health status. This inspection evidenced timely medical assessment and clinical reviews as residents' needs indicate. Newly admitted residents were seen by the general practitioner (GP) shortly after admission.

Aspects of the service identified for improvement in this report include,

A review of care assistant staff levels is required to adequately meet the needs of all residents to ensure person centered care.

There were limited activities available to residents' to ensure meaningful engagement throughout the day according to residents capacity and life stage.

The procedures to consult with residents and families to provide the opportunity to participate in the organisation of the centre requires review.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet 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.

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 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):

No actions were required from the previous inspection.

Findings:

There was a defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service. The provider is involved in the governance, operational management and administration of the centre on a consistent basis. The provider works full-time at the centre in an administrative capacity.

During the inspection the provider demonstrated good knowledge of the legislation and of her statutory responsibilities. Records confirmed that she was committed to her own professional development.

There was evidence of investment in upgrading the building, services and the professional development of staff. The building has undergone major structural renovation to enhance the quality of the living environment. Seven single en-suite bedrooms have been provided on the first floor. The call bell system has been upgraded and all bathrooms have call alarms fitted.

There is a system to review the quality and safety of care and quality of life in place. A system of audits is planned to include clinical data, environmental matters and.

An annual report on the quality and safety of care was not complied with copies made available to the residents or their representative for their information as required by the regulations.

Judgment:

Substantially Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an

agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

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

Findings:

The work required by the action plan of the previous inspection in relation to contracts of care was completed satisfactorily. Residents admitted for short term care had an agreed contract in place outlining the terms and conditions of their occupancy.

The contracts of care specified the bedroom number to be occupied and clarified whether the bedroom was single or twin occupancy in each contract.

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 fulfils the criteria required by the regulations in terms of qualifications and experience.

The person in charge has not changed since the last inspection. She has been employed at the centre since February 2015.

She was known by residents. She had good knowledge of residents care needs. She could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

She maintained her professional development and attended mandatory training required by the regulations. During the inspection she demonstrated that she had good knowledge of the regulations and standards pertaining to the care and welfare of residents.

There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge.

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):

No actions were required from the previous inspection.

Findings:

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were stored, maintained in a secure manner and easily retrievable.

Records relating to fire safety, staff recruitment and residents' care, as well as the centre's statement of purpose were reviewed.

The daily nursing notes were documented twice in 24 hours. As required by Schedule 3 (4) (C) they provided a clear account of the resident's health, condition and treatment. Care staff completed a daily record of all care interventions.

Nutrition records maintained were satisfactory to determine whether the diet intake is adequate in relation to nutrition and hydration. Residents identified with a nutritional risk had their fluid intake recorded to ensure hydration was adequate. Food records were maintained for a small number of residents. These specified the individual quantity consumed at each meal for example all, half or quarter as appropriate.

The directory of residents' contained all information required by schedule three of the regulations and was maintained up to date. The details of the most recent transfer of a resident to hospital and death were updated in the directory.

A current certificate of insurance cover was available. The registered provider was adequately insured against risks, including loss or damage to a resident's property

A sample of staff files were reviewed and found to be compliant with the regulations.

The inspector reviewed operating policies and procedures for the centre, as required by Schedule 5 of the regulations. Policies listed in Schedule 5 were in place, including those on health and safety of residents, staff and visitors, risk management, medication management, end of life care, management of complaints and the prevention, detection and response to abuse. Policies read had been reviewed by the person in charge and were maintained up to date.

A record of visitors was maintained.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days.

There is one deputy notified to HIQA to deputise in the absence of the person in charge. This staff member was available to meet the inspector on the day of inspection. A review of their staff files evidenced engagement of continuous professional development. Mandatory training required by the regulations and ongoing professional development and engagement in education was evident.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were effective and up to date safeguarding policies and procedures in place. The management team demonstrated their knowledge of the designated centre's policy. They were aware of the necessary referrals to external agencies including the Health Service Executive (HSE) adult protection case worker.

One notifiable adult protection incident which is a statutory reporting requirement to HIQA has been reported since the last inspection. A comprehensive system analysis report was completed. This was undertaken to overview the matter and inform any required learning and provide reassurance of best practice in safeguarding.

Staff members spoken to had received training and understood how to recognise instances of abusive situations. The training program was further developed from the root cause review of a safeguarding matter. The training now includes components communication, protected disclosure, confidentiality, respect and positive regard and the staff code of conduct.

The financial controls in place to ensure the safeguarding of residents' finances were governed by policies and procedures. The provider is not a nominated agent to manage pensions on behalf of any resident.

There is a policy on the management of responsive behaviour. Staff could describe particular residents' daily routines very well and how they like to spend their day. Staff had received training in responsive behaviours and caring for older people with cognitive impairment or dementia. The person in charge and provider had recently completed a course to train as dementia champions to advocate for people with dementia and provide a source of information and support for staff.

There was a policy on restraint management (the use of bedrails and lap belts) in place. At the time of this inspection there were nine residents with two bedrails raised. A risk assessment was completed prior to using bedrails. Signed consent was obtained. There was evidence of multi disciplinary involvement in the decision making process. The rationale for the use of bedrails was clear. The care plans outlined how the bedrail supported the resident either as a physical or psychological safety aid.

There was good access to the psychiatry team. The community mental health nurse visits the centre routinely to review residents and is available to nursing staff via the phone to discuss any concerns. The social worker from the psychiatry team is available to meet with residents and completed a follow up visit on the day of inspection. Psychotropic medications were monitored by the prescribing clinician and regularly reviewed to ensure optimum therapeutic values.

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:

The matters identified in relation to fire safety precautions on the last inspection were addressed. The fire exit door from the first floor to the external fire escape was secured with a magnetic lock designed to release on activation of the alarm. Bedroom doors fitted with individual battery operated door closing mechanisms were all in working order. Fire escape route plans and directional signage were updated to reflect the internal structural changes following renovation works.

The fire records confirmed regular testing and servicing of the fire panel, exit routes and doors, emergency lighting and fire fighting equipment by staff. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced in accordance with fire safety standards by external companies.

There was an annual program of refresher training in fire safety in place. A staff member had completed a fire safety warden course and trained staff on induction on the fire safety procedures.

Each resident had a personal emergency egress plan developed. These outlined the method of evacuation and type of equipment required to assist each resident evacuate the building safely.

Incidents of falls were well described. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where a resident sustained an unwitnessed fall or a suspected head injury. A post incident review was completed to identify any contributing factors.

However, the arrangements in place for recording and investigating minor incidents for example, skin tears and near miss events require review. Near miss events were not documented in the accident register. Therefore action to prevent a near miss event becoming an incident was not undertaken or available to review to identify trends to inform learning.

The person in charge is a qualified safe moving and handling instructor. Training records

evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs.

There was a contract in place to ensure hoists and other equipment including electric beds and air mattresses used by residents were serviced and checked by qualified personnel to ensure they were functioning safely.

Hand testing indicated the temperatures of radiators or dispensing hot water did not pose a risk of burns or scalds. Access to work service areas to include the kitchen and sluice room was secured in the interest of safety to residents and visitors. However, restrictors were not fitted to upstairs windows.

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:

Policies and procedures were in place to guide staff in the management of residents' medicine. They included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines.

There were no residents self medicating at the time of this visit. Medicine was dispensed from individual packs. These were delivered by the pharmacy and contained a two-week supply of each resident's medicine. A tray was provided in the medicine trolley to store each resident's individual medicine.

The inspector reviewed a sample medicine charts The prescription sheets reviewed were legible. Regular medication and prn medicines (a medicine only taken as the need arises) were identified separately on the prescription sheets from short term medicines. Photographic identification was available on the prescription chart for each resident to ensure the correct identity of the resident receiving the medicine. The maximum amount for prn medicine was indicated on the prescription sheets examined.

Nursing staff transcribed some medicines. Transcribed medicines were countersigned by a second nurse in each of the sample of records examined in accordance with An Bord Altranais guidance on the management of medicines.

Medicines that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed a record of incidents or accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. Quarterly notifications had been submitted to HIQA as required.

One incident identified as a statutory notification in relation to a safeguarding matter while submitted was not received within the required timeframe. This was discussed with the management team during the inspection who explained preparatory investigation to substantiate the matter had been instigated in advance of submitting the notification.

Judgment:

Substantially 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:

On admission a comprehensive assessment of needs was completed. There was a documented assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores, continence needs and mood and behaviour. Risk assessments were regularly revised.

There were plans of care in place for each identified need. In the sample of care plans reviewed there was evidence care plans were updated at the required four monthly intervals or in a timely manner in response to a change in a resident's health condition. There was evidence of consultation with residents or their representative in all care plans reviewed of agreeing to their care plan.

There were three residents accommodated for short term care. As required by the action plan of the previous inspection each resident had a discharge care plan completed to ensure a safe discharge. There were plans of care to guide staff on all health problems being managed during their convalescent period.

There were three residents with wounds. One vascular and two pressures wounds. Wound assessment records were completed each time dressings were changed. This inspection evidenced an improved recording of a clinical evaluation of the progress of the wound. The person in charge has introduced a new record in the wound care plan to document a clinical judgment on the progress of the wound after each change of dressing.

In accordance with regulation 6 (1) and (2), this inspection evidenced timely medical assessment and clinical reviews as residents' needs indicate. Newly admitted residents were seen by the general practitioner (GP) shortly after admission. Medical notes evidenced GP reviews when a resident became unwell.

Access to allied health professionals including a speech and language therapist and dietician and was available to residents. The provider employs a physiotherapist to visit the centre every month. The physiotherapist is available to review residents on direction from the nursing staff with mobility problems and poor respiratory function.

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:

The building has undergone major structural renovation on the first floor. Seven single en-suite bedrooms are available. There is an ongoing program of painting and decorating of bedrooms and the corridor on the ground floor in progress.

There are two sitting rooms available for use by residents. The dining room is suitable in size to meet residents' needs and is located off the kitchen. Residents are accommodated at two separate sittings for each meal. Other facilities include a visitors' room and an oratory.

Bedrooms accommodation comprises of 17 single and five twin bedrooms. Curtains were provided between beds in twin bedrooms. Each resident had their own bedside locker and single sized wardrobe for the storage of clothes. Handles were loose or missing on some of the bedroom furniture.

There was a call bell system in place at each resident's bed. Emergency call facilities were not provided in the day sitting rooms. While a socket was available there was no call bell in place as required by Schedule 6 of the regulations.

There were a sufficient number of toilets, baths and showers provided for use by residents. Toilets were located close to day rooms for residents' convenience. Grab-rails were alongside toilet and in showers to aid residents and promote safety.

Staff facilities were provided with lockers to secure personal belongings. A safe enclosed garden provided with seating was available to residents.

While all works were completed to the first floor of the building, plaster stains were not cleaned from the fire exit door.

Dementia friendly design features were limited throughout the building to provide information to residents and help orientate regards place and time. There was no clock in the sitting room on the day of inspection. There was no use of notice boards to provide topical information in relation to activities, weather conditions or staff on duty for residents.

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:

There was a complaints policy in place. A designated individual was nominated with overall responsibility to investigate complaints. The timeframes to respond to a complaint, investigate and inform the complainant of the outcome of the matter raised by them was detailed.

The independent appeals process if the complainant was not satisfied with the outcome of their complaint meets the requirements of the regulations. The contact details of the office of the Ombudsman were outlined.

All complaints were not detailed in the complaints register. During conversations with relatives, some advised of issues not being resolved in a timely manner. There was no record of these matters being recorded and the complainants' satisfaction with the outcome reached.

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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the menu and discussed options available to residents. There were nutritious snack options available between meals to ensure sufficient or optimum calorific intake, particularly for those on fortified diets. A trolley served residents mid morning and afternoon.

All residents were appropriately assessed for nutritional needs on admission and were

subsequently reviewed regularly. Records of weight checks were maintained on a monthly basis and more regularly where significant weight changes were indicated. Residents spoken with were complimentary of the food and told the inspector they could have a choice at each mealtime. Requests for an option other than those on the menu were facilitated.

The instructions for foods and liquids that had to have a particular consistency to address swallowing problems were outlined in care plans and available to catering and care staff. The inspector observed mealtimes on each day of the inspection. There was a choice of a variety of well presented food. Portion were individually plated and generous in size. There was a sufficient number of staff available to assist those requiring help at all times.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents were able to exercise choice regarding the time they got up. Personal care was provided in bedrooms with doors closed. Some resident had their breakfast in bed and a small number attended the dining room.

Residents could receive visitors in private. Residents were facilitated to practice their spiritual or religious beliefs. There was an oratory accessible to residents.

There were limited activities available to residents' to ensure meaningful engagement throughout the day according to their capacity and life stage. This is discussed in further detail under Outcome 18 Suitable Staffing.

Access to an independent advocate was not available to residents. While there was an advocate named, the person had a contractual agreement with the centre to provide other services. The procedures to consult with residents and families to provide the opportunity to participate in the organisation of the centre requires review. While there was a residents' meeting prior to the inspection, these did not occur routinely. No

resident or relative satisfaction surveys or questionnaire were completed by residents or their next of kin to elicit their views or comments on the service provided.

CCTV (closed circuit television) was in operation throughout the building. However, notices alerting residents and visitors to CCTV recordings were not in all areas where cameras were placed.

Judgment:

Non Compliant - Moderate

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There were arrangements in place for regular laundering of personal clothing and linen.

The systems in place to ensure all clothing belonging to each resident is clearly identifiable require review. Some clothing is marked with a button tag and others with a laundry pen which in some cases was illegible. Some clothing did not have any identification to indicate ownership.

The storage of clothing returned to some bedrooms was not adequate. In one wardrobe only a single item of clothing was hanging in the wardrobe while the chest of drawers was overfilled. The arrangement was not respectful to the resident's clothing as they were crumpled and restricted their choice in being able to view their clothing.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

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

Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

There was a policy for the recruitment, selection and vetting of staff. It was reflected in practice. This was evidenced by a review of staff files. Staff confirmed to the inspector they undertook an interview and were requested to submit names of referees. There is one nurse rostered in addition to the person in charge five days each week. There is one nurse rostered during the day at weekends and for night duty each night of the week. At the time of this inspection, this was adequate to meet the clinical care needs of residents.

There was a regular pattern of rostered care staff on each work shift. There are four care assistants from 8.00hrs until 14.30hrs and three until 20.00hrs. The inspector judged this was inadequate to meet the care needs of residents. As previously mentioned, there were limited resources to provide opportunities for occupation and recreation. There are an increased number of residents accommodated since the last inspection due to the completion of the structural renovations on the first floor of the building.

Residents required a high level of support to meet their care needs due to the current dependency profile of residents accommodated. Seven residents' were maximum dependency and nine had high dependency care needs. Seven residents required the use of a hoist to meet their moving and handling needs safely. Four residents required full assistance with all their meals and two residents need regular assistance or prompting to eat well. During the two days of inspection, the inspector observed staff under pressure of work to respond always in a suitable timeframe to meet the needs of residents.

There were four care staff rostered throughout the morning. While one care staff member was assigned to activities, it was for a limited period of time prior to lunch and similarly in the afternoon. The staff member also has to assist residents with their physical needs at these times, as some residents required the assistance of two staff due to their dependency. Many residents, at their own choice at the time of this inspection, chose to spend the majority of their time in their bedroom. However, there was no opportunity to ensure meaningful social engagement on a one to one basis due to the limited staff resources. Care assistants had multi tasks roles with responsibility for laundry in addition to their care duties. Residents paid a social charge each week in addition to their weekly fee.

There was a training matrix available which conveyed that staff had access to on-going education and a range of training was provided. In addition to mandatory training required by the regulations staff had attended training on end of life care, infection

control and nutrition. However, no staff member had up to date refresher training in cardio pulmonary resuscitation techniques.

Judgment:
Non Compliant - Major

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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Action Plan



Provider's response to inspection report¹

Centre name:	Rushmore Nursing Home
Centre ID:	OSV-0000381
Date of inspection:	29 and 30 May 2017
Date of response:	31 July 2017

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:

An annual report on the quality and safety of care was not complied with copies made available to the residents or their representative for their information as required by the regulations.

1. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the

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

quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

Review will be complete and available 31st July 2017

Proposed Timescale: 31/07/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The arrangements in place for recording and investigating minor incidents for example skin tears and near miss events require review. Near miss events were not documented in the accident register.

Restrictors were not fitted to upstairs windows.

2. Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

All near misses are being documented since 3rd June 2017

Restrictors are fitted to upstairs windows

Proposed Timescale: 03/06/2017

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

One incident identified as a statutory notification in relation to a safeguarding matter while submitted was not received within the required timeframe.

3. Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

This Regulation will be fully complied with from now on

Proposed Timescale: 05/06/2017

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:

Emergency call facilities were not provided in the day sitting rooms.

Plaster stains were not cleaned from the fire exit door.

Handles were loose or missing on some of the bedroom furniture.

Dementia friendly design features were limited throughout the building to provide information to residents and help orientate regards place and time.

4. 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:

Leads to existing call facilities are now in place

plaster stains have been removed

Handles have been tightened and/or replaced

Dementia friendly design features to provide information to residents and help orientate regards place and time are now in place.

Proposed Timescale: 05/06/2017

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

All complaints were not detailed in the complaints register. During conversations with relatives some advised of issues not being resolved in a timely manner. There was no record of these matters being recorded and the complainants' satisfaction with the outcome reached.

5. Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

All complaints will be documented in the complaints register

Proposed Timescale: 05/06/2017

Outcome 16: Residents' Rights, Dignity and Consultation**Theme:**

Person-centred care and support

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

There were limited activities available to residents' to ensure meaningful engagement throughout the day according to their capacity and life stage.

6. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

Whilst group activities will continue to take place in the communal day room, We acknowledge that there are residents who choose to stay in their room. With this in mind we have allocated specific daily time of 10.30 to 15.30 to ensure that all residents needs are met in some form or another be it, group or individual as per assessed individual needs

Proposed Timescale: 24/07/2017

Theme:

Person-centred care and support

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

Access to an independent advocate was not available to residents.

7. Action Required:

Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

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

With regards to residents accessing independent advocacy services. The details of Sage advocacy Group are available in the front hall and on resident/their representative request.

Proposed Timescale: 30/06/2017

Theme:

Person-centred care and support

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

The procedures to consult with residents and families to provide the opportunity to participate in the organisation of the centre requires review. Residents' meetings did not occur routinely. No resident or relative satisfaction surveys or questionnaire were completed by residents or their next of kin to elicit their views or comments on the service provided.

8. Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

The procedure to consult with residents and families in order to provide the opportunity to participate in the organisation has been reviewed. Residents meetings will continue to occur 3 monthly – next will be August 2017

All residents and/or relatives have received a satisfaction questionnaire 26th June 2017

Proposed Timescale: 26/06/2017

Theme:

Person-centred care and support

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

Notices alerting residents and visitors to CCTV recordings were not in all areas where cameras were placed.

9. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

CCTV signs are now displayed in prominent places in the nursing so that residents and visitors are aware of CCTV in place.

Proposed Timescale: 10/07/2017

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

Some clothing is marked with a button tag and others with a laundry pen which in some cases was illegible. Some clothing did not have any identification to indicate ownership.

10. Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

All Clothing shall have a button tag in place

Proposed Timescale: 15/07/2017

Theme:

Person-centred care and support

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

The storage of clothing returned to some bedrooms was not adequate. In one wardrobe only a single item of clothing was hanging in the wardrobe while the chest of drawers was overfilled. The arrangement was not respectful to the resident's clothing as they were crumpled and restricted their choice in being able to view their clothing.

11. Action Required:

Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

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

Wardrobes have been re organized to ensure residents clothing is not over filled and ensure that their choice is easily viewed

Proposed Timescale: 10/06/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

There was an inadequate complement of care staff to meet residents needs in a person centred way to ensure a good quality of life. Staff were observed on inspection as unable always to respond in a suitable timeframe to meet the needs of residents.

12. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Staff hours have been increased, to be precise 8 to 11am and 4.30 to 8pm. This will be monitored to ensure that the resident's needs are being met in a person centred approach to ensure a good quality of life.

Proposed Timescale: 03/07/2017

Theme:

Workforce

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

No staff member had up to date refresher training in cardio pulmonary resuscitation techniques.

13. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Training is planned for August 2017 with CROI

Proposed Timescale: 31/08/2017