

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ratoath Manor Nursing Home
Centre ID:	ORG-0000152
Centre address:	Ratoath, Meath.
Telephone number:	01 825 6101
Email address:	ratoath@silverstream.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Ratoath Nursing Home Limited
Provider Nominee:	Joseph Kenny
Person in charge:	Blathnaid Hart
Lead inspector:	Jillian Connolly
Support inspector(s):	Sonia McCague
Type of inspection	Announced
Number of residents on the date of inspection:	62
Number of vacancies on the date of inspection:	1

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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 29 January 2014 09:30 To: 29 January 2014 17:30

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

Ratoath Manor Nursing Home is located in Ratoath Co. Meath. This inspection was conducted as an 18 outcome inspection to inform a renewal registration decision. The previous inspection was completed on the 12th November 2013. There were eleven actions arising from that inspection and the inspectors found that ten actions had been completed. One action was observed to be in progress but substantial improvements were still required in order for compliance to be achieved. This was in relation to the development of the social care needs of individuals, particularly individuals with a diagnosis of dementia. Documentation in individuals' care plans also need to be developed.

The person in charge, the operations manager and the maintenance manager

facilitated the inspection. Inspectors reviewed documentation, observed practice and spoke to residents and staff in order to gather the necessary evidence. Prior to the inspection, the inspectors reviewed the necessary documents that are required from the provider for a renewal of registration. Questionnaires were also submitted by relatives and residents to the Health Information and Quality Authority (the Authority) which were also reviewed.

Overall the inspectors found that residents spoken to were content with their quality of life. Relatives in the pre-questionnaires stated that they were also happy with the care that their relative received and felt informed about decisions regarding them.

Inspectors observed areas of good practice and areas where improvements were required. However, the person in charge demonstrated awareness of this and was actively improving the quality of service in the centre.

A total of nine actions were identified on this inspection, in relation to Health and Safety, Social Care Needs, Premises, End of Life Care and Food and Nutrition. The Action Plan at the end of the report identifies the specific areas in which improvements are required in order for compliance with legislation.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Judgement:
Compliant

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

Findings:
There is a written statement of purpose in place which accurately describes the service that is provided in the centre. The inspectors observed the services and facilities outlined in the statement of purpose accurately reflect the care provided and the needs of the residents currently residing in the centre. The statement of purpose has been reviewed to reflect the change in the person in charge and the recent adaptations made to the building. All matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were included in the statement of purpose.

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Outcome 02: Contract for the Provision of Services
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:
Leadership, Governance and Management

Judgement:
Compliant

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

Findings:
Each resident has an agreed contract of care which is signed by a relative. All contracts reviewed by the inspectors confirmed that the written contract was agreed within one month of admission and that it sets out the services to be provided and the fees that are included. Any additional charges are also included. The inspectors recommended that the social charge of €50 per month be itemised to ensure that all residents charged are in receipt of the services covered.

Outcome 03: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Judgement:
Compliant

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

Findings:
The person in charge had not changed since the last inspection. She commenced her post on 4 March 2013. A fit person interview took place on 15 April 2013 and she was found to meet all the requirements of legislation. The inspectors reviewed the rosters which demonstrated that she is employed full-time. There is a clearly defined management structure in the centre as per the statement of purpose. This was demonstrated on inspection through discussions with the person in charge, the assistant director of nursing, the maintenance manager and the operations manager. Staff were also able to identify the reporting structure of the centre. The person in charge clearly demonstrated her engagement in the governance, operational management and

administration of the centre. Residents spoken with were aware of the person in charge and how to contact her.

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The records listed in Part 6 of the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were maintained in the designated centre. The inspectors reviewed the Residents' Guide which included all matters required. There was a policy in place regarding the provision of information to residents. There was a directory of residents maintained in the centre and each resident also had an individual record of all matters listed in Schedule 3 paragraph 3 of the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

The policies listed in Schedule 5 of Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were present. They were centre-specific and staff interviewed were able to demonstrate knowledge of policies. There is an insurance policy which adequately insures against accidents or injury to residents, staff and visitors. Insurance cover is also in place against loss or damage to the assets and delivery of service.

Outcome 05: 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:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Regulation 37 of the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended), states that the registered provider must give notice of the absence of the person in charge from the designated centre. This has not been necessary to date as the person in charge has not been absent for more than 28 days. However, the person in charge and the operations manager demonstrated knowledge of the requirement. There are proposed arrangements in place in the event of the person in charge being absent from the designated centre and the assistant director of nursing was able to inform inspectors that she is the designated person in the event of this occurring.

Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspectors found that there were measures in place to safeguard residents and to protect them from abuse. There were written policies and procedures in place for the prevention, detection and response to abuse. Staff interviewed demonstrated knowledge of the policies and procedures in place. Residents residing in the centre stated that they felt safe and this was also evidenced in the pre-inspection questionnaires submitted to the Authority. On the day of inspection there were no allegations of abuse being investigated. One allegation of abuse had been notified to the Chief Inspector since the last inspection. Inspectors followed up on this and there was evidence that this had been responded to appropriately. However, inspectors found improvements could be made in the documentation of actions resulting from the investigation. Actions were not documented appropriately in the resident's record. Inspectors reviewed the accounts of charges to residents. The inspectors found that the accounts were transparent. Each item charged to residents was described as per stated in the contract of care.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspectors followed up on the actions from the last inspection and found that the actions had been implemented. Hygiene and storage areas, were separate and used for their intended purpose. There was a policy in place for the prevention and control of infection. Staff were observed taking appropriate measures in relation to hand hygiene. However inspectors did observe open bins in communal bathrooms. An inspector also observed clean laundry for residents being sorted on the bed of one resident, which is not best practice.

There was an up-to-date health and safety statement in place and a risk management policy. Risks were identified and implemented, however, the inspectors found that the risk register did not comprehensively address all specific risks in the centre. Examples of risks omitted were, management of the finances of residents, key padded doors in areas, stairs and ramps were also not identified. However in practice appropriate control measures were in place for each of the pre-mentioned risks.

There were appropriate arrangements in place for the identification and investigation of accidents and incidents. Inspectors also observed reasonable measures in place to prevent accidents, such as hand rails on ramps. Staff files demonstrated that staff were trained in the moving and handling of residents and this was also observed in practice.

Prior to the inspection, the registered provider submitted to the Chief Inspector written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with. Inspectors reviewed the records of the maintenance of equipment in the centre and they were completed accurately and at appropriate intervals. Throughout the centre, inspectors observed appropriate signage for the evacuation of the centre and fire evacuation plans were available in all areas. However, the inspectors did observe that equipment needed in the event of a fire was obstructed by other equipment. This was addressed with the staff on the day of inspection and rectified prior to inspectors leaving the centre. Fire drills also occurred regularly and staff were able to identify the actions to be taken in the event of an emergency. Training records also confirmed staff received training on a yearly basis in fire prevention. Fire extinguishers were also checked for evidence of maintenance and the dates correlated with the records.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Through observation and the review of records the inspectors found that residents were protected by safe medication management and practices. There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents. The person in charge demonstrated that there were ongoing audits of medication management in the centre. There was evidence that MDA drugs were checked twice daily by two nurses and the inspectors confirmed that the amount recorded was accurate to amount present. The prescription sheet included the appropriate information such as the resident's name and address, a photo of the resident and the review of PRN medication. The GP's signature was also present for discontinued medication. Currently there are no residents responsible for their own medication. There was evidence of a review of medication by the GP within twenty four hours of a resident being readmitted after discharge from hospital.

Outcome 09: 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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a record of all incidents occurring within the centre. The centre adheres to the legislative requirement to submit relevant notifications in a timely manner to the Chief Inspector. Inspectors reviewed two notifications which had been submitted to the Authority and were satisfied that both were responded to appropriately.

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Outcome 10: Reviewing and improving the quality and safety of care
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:
Effective Care and Support

Judgement:
Compliant

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

Findings:
There was a system in place to review, monitor and improve the quality and safety of care and the quality of life of residents. There was evidence of monthly audits which identified patterns and trends. There was evidence that improvements had been made as a result of these audits, particularly in relation to the social activities of residences. Consultation with residents and relatives was completed through relatives meetings and residents meetings.

Outcome 11: Health and Social Care Needs
Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

Judgement:
Non Compliant - Moderate

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

Findings:
The inspectors followed up on the actions from the previous inspection and found that some improvements had been made in the development of care plans, particularly in relation to the social care needs of residents. The activity coordinator's hours had been

increased. The inspectors confirmed that the communal space in St. Oliver's had been expanded. Inspectors observed redecoration in progress on the day of the inspection. Residents had access to the toilets and bathrooms and there was no restriction to accessing the dining area. However the actions are still in progress as identified by the provider in the previous action plan.

There is a centre-specific policy and procedures for the development of care plans. The inspectors reviewed a sample of care plans. There were appropriate health assessments in place for each resident and care plans were developed as a result of the needs identified. Care plans were reviewed as required on a three-monthly basis, however, there was no evidence of consultation with the resident. Although questionnaires submitted to the Authority prior to the inspection evidenced that relatives felt consulted in the care of their relative. Inspectors recommended that during the review process if the needs of the residents had changed significantly a new care plan should be developed as it was difficult to identify the current needs of the resident.

There was evidence of timely access to GP services and referrals were made to Allied Health Professionals, however, there were deficits in the follow up of the referrals and in the recommendations of the referrals being included in the care plan of the individual. Examples of this included delays in individualised seating or evidence of actions as a result of a referral in the care plans. The daily nursing notes, however, were reflective of the care plan of the individual.

There was evidence of improvements in the social care plans as a result of an action in the previous inspection. However, there is still substantial progress to be made in this area. Inspectors observed activities taking place on the day of inspection including arts and crafts and dog therapy; however, this was not reflected in the individual care plans. The social care assessments, which had commenced as a result of the previous inspection, did not evidence the individual choice and capabilities of the residents.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

Following from the previous inspection, the actions identified were observed to be

implemented. Inspectors reviewed the communal space in St. Oliver's and confirmed that it had been expanded. Inspectors also witnessed decorators on site on the day of the inspection and reviewed plans for the proposed quiet room.

Ratoath has three specific residential areas, within the one building: the ground floor, St. Oliver's and St. Pat's. St. Oliver's and St. Pat's both are secured by key pads. Inspectors were informed that St. Oliver's has adopted a dementia-specific approach to care and the progress towards this was apparent on the inspection. Examples of this include symbols and signage to orientate residents.

There is an area available as a specific area for residents to receive visitors on the ground floor. There is a lift available to assist people to navigate between two floors. There is a chapel on site which is utilised regularly by residents. There are communal areas in all three areas, with the largest being on the ground floor which is used to host larger activities and parties. There is also a hairdressing salon on site and a smoking room on each floor. Residents have access to outdoor areas on each floor also.

Prior to inspection, a questionnaire submitted to the Authority suggested that the temperature in the smoking areas were cold. On the day of the inspection, inspectors confirmed that this was the case through their own experience and by residents stating this. This was discussed with the maintenance manager. Prior to inspectors leaving on the day, action had been taken to rectify this.

Currently, Ratoath is registered to provide a service for 63 individuals. The inspectors were shown plans demonstrating the intention to alter the interior of the building. It is proposed that on the ground floor, one room which is currently a single room would be increased to a double room, this, however, would only occur in the event of a couple requesting to share a room and the person in charge determining if their assessed needs can be met. There is also a plan to reduce one three-bedded room on the ground floor to two single rooms with en suites.

It is further proposed that in St. Pat's, a three-bedded room would be reduced to three single rooms, two with an en suite and one without. In St. Oliver's it is proposed that one auxiliary room be changed into a quiet room for family and one three-bedded room be reduced to two single rooms with en suites. It is also proposed that a lounge area be converted to a twin room. Plans have been submitted to the Authority regarding this and demonstrated that alterations would be in compliance with legislation.

The alterations to the premises would mean that the centre would be in a position to provide services for 64 people as opposed to the current 63. However, this increase would only be facilitated in the event of the additional resident being part of a couple who request to reside in the same room, which is still in compliance with legislative requirements.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There are written policies and procedures in place for the management of complaints. The inspectors observed the complaints procedure displayed in the main entrance of the centre. The policy identifies the individual nominated to deal with complaints and the process for appeals. There was evidence of satisfactory investigations into the complaints recorded, which was confirmed by the complainant. Residents further stated that they felt that they could raise an issue with a member of staff if necessary.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was an end-of-life policy in place which appropriately addresses the care practices which should be implemented for an individual at the end of their life. On the day of the inspection, the funeral was taking place of a resident in the Chapel adjoining the centre and inspectors observed that the dignity of the individual was respected. There was also evidence that friends of the deceased were supported to attend the funeral. However, the care plans did not sufficiently reflect that discussions had taken place with residents regarding their wishes. There was evidence of the actions to be taken to address the clinical needs of a resident as a result of a change in their health, for example following re-admission from an acute setting. However, there was no evidence of consultation

with the resident or their relative or actions to be taken in respect of referrals to palliative care.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors observed the dining experience for residents and found that there was sufficient choice and the dietary needs of each individual were addressed, as per the policy of the centre. There was evidence of resident's weight being monitored on a monthly basis, utilising a screening tool. However, deficits were noted in the area of actions following a change in the weight of an individual. One example was the policy states that if there was a change in the nutritional status of an individual as per the screening tool, the individual's dietary intake must be documented for three days. However, there was no evidence of this in care plans reviewed. Inspectors also observed this having a direct impact on one resident during dinner. The resident was experiencing difficulty eating; however, there were no measures in place to assist the individual in practice. On review of the care plan, it was apparent that there had been a change in their nutritional status, however, no follow up was documented.

Inspectors also observed choice being available to residents for where they choose to eat their meals and snacks were available throughout the day. However, in one area residents did not have free access to water, as there were no cups available. Staff stated that this was a result of residents over consuming water. However, there was no evidence in documentation to support this. The person in charge stated that cups would be made available to the residents to ensure free access to water. Residents were assisted to eat in a dignified manner, appropriate to their needs.

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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

As per the statement of purpose, the inspectors reviewed minutes of the monthly residents' meetings which demonstrated that residents were consulted in the running of the centre. There was also an advocate available for two hours per week and they were present on the day of inspection. Inspectors also reviewed a copy of a report submitted by the Advocate to management, outlining the views of the residents.

Inspectors observed staff knocking on the doors of residents and residents confirmed that this is usual practice. The bedrooms were observed to be personalised and homely. There was sufficient privacy available in the multiple occupancy rooms.

Residents confirmed that they could receive visitors in private if they chose and that they could make or receive a phone call in private. Residents also confirmed that they could access the media, through newspapers and television. Inspectors noted that there were areas for recreation and observed activities taking place. However, inspectors recommended an increase in the level of activities as per the recommendations of the last inspection for residents with a diagnosis of dementia. The person in charge confirmed that this is in progress.

There is a chapel on site and inspectors were informed that mass and prayer meetings take place. Residents confirmed that they were facilitated to attend Mass if they chose to. The policy also stated that individuals of all denominations were facilitated if applicable.

Inspectors observed the individual dietary needs of residents in clear view on a notice board in the dining room. Inspectors recommended that this be removed.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors observed that each resident had adequate space for their personal property and possessions. Records of personal property were available in the care plans of individuals. There is a laundry facility in the centre, with adequate space and staffing. Inspectors discussed with staff the systems in place. Staff were able to demonstrate that all clothes were individually labelled. However, in the questionnaires submitted by the relatives, it was stated that clothes can be misplaced. The person in charge acknowledged that this has occurred in the past, despite clothes being individually labelled. The inspectors recommended an audit being conducted to assess the reason for this. The person in charge agreed and stated that an audit would occur.

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspectors observed that the actions from the previous inspection had been implemented. The activity coordinator's hours had been increased; however, they were still condensed over three days. The person in charge stated that additional activities occurred from outside providers, which was confirmed by the dog therapy occurring during the inspection, however, this was not reflected in documentation.

The rosters further confirmed that there was adequate household staff available at the weekends and the inspectors observed that the centre was clean.

Inspectors observed staffing on the day of inspection, which was reflective of the planned and actual roster for the day. The inspectors also reviewed additional rosters to confirm this was the standard staffing levels. There were nurses on duty throughout the day and night, which met the needs of the residents. The inspectors recommended a review of allocation of staff, in particular at dinner time. One dining room had one catering staff available to serve the food to residents and one care staff available to

support residents who required assistance. However, inspectors observed another resident experiencing challenges eating their meal. All other staff were allocated to areas such as the residents' bedrooms, which resulted in insufficient staffing to observe and assist the resident who experienced challenges.

Staff demonstrated an awareness of the policies and procedures and staff files demonstrated that training is ongoing and reflective of the needs of the residents. An example of this was the activity coordinator had completed a training course in the SONAS programme, to address the needs of residents with a diagnosis of dementia.

The recruitment policy addresses all requirements of legislation. The inspectors reviewed a sample of staff files. The file of the most recently recruited staff did not contain all the documentation set out in Schedule 2 of Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). There was no proof of the person's identity, including a recent photograph, copy of the person's birth certificate or evidence that the person is physically and mentally fit for the purposes of the work that they are to perform. All other files were satisfactory.

Closing the Visit

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

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Jillian Connolly
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:	Ratoath Manor Nursing Home
Centre ID:	ORG-0000152
Date of inspection:	29/01/2014
Date of response:	21/02/ 2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

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

Not all actions resulting from an investigation of an allegation of abuse were documented.

Action Required:

Under Regulation 6 (2) (b) part 2 you are required to: Take appropriate action where a resident is harmed or suffers abuse.

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

All actions to date are now documented in an " Elder Abuse Report Record". This record clearly shows the process of investigation and subsequent actions required.

Proposed Timescale: 18/02/2014

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

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

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

Not all centre-specific risks and control measures were documented in the risk register.

Action Required:

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

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

Centre specific SOP on Management of Laundry commenced.

Risk Register now includes policy on Security of resident's accounts and personal property, Use of Key Pads, location of Ramps and stairs.

Proposed Timescale: 18/02/2014

Theme: Safe Care and Support

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

Equipment was available in the event of a fire. However, it was not readily accessible due to other equipment obstructing access in one area.

Action Required:

Under Regulation 32 (1) (a) you are required to: Take adequate precautions against the risk of fire, including the provision of suitable fire equipment.

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

As per report, issue rectified immediately and now daily inspections of equipment accessibility takes place.

Proposed Timescale: 29/01/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

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

The social needs assessments introduced as a result of the previous inspection did not address the individual interests and capabilities of the residents. There was no evidence of the activities that the residents chose to attend.

Action Required:

Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

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

A Social care plan that incorporates an individual activity assessment which assesses planned activity, exploratory activity, sensory activity and reflex activity levels will be in place.

Each resident will also have a socialability assessment and plan that will now reflect the activities that they wish to part take in and how capable they are in those activities.

A daily log records the activities that take place in each unit and will now also record the participants.

Training to commence on 25th February 2014 for all care staff. This will require time to create, develop and maintain to ensure it is meaningful and sustainable.

Proposed Timescale: 25/02/2014

Theme: Effective Care and Support

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

Actions arising from referrals were not maintained and documented in the individual's care plan.

Action Required:

Under Regulation 9 (4) you are required to: Maintain records of all health care referrals and follow-up appointments.

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

Each care plan now contains a section to detail referrals and to ensure that they are followed up.

Referrals will be audited on a monthly basis by DON to ensure they are followed up as applicable.

Supervision and follow up will be supported by ADON working increased supernumerary hours.

Proposed Timescale: 24/02/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

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

To ensure that all areas, including the smoking areas, are at an appropriate temperature.

Action Required:

Under Regulation 19 (3) (p) you are required to: Provide ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents.

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

Changes made to the regulation of air change in the smoking rooms. Temperature checks maintained by Maintenance personnel.

Proposed Timescale: 29/01/2014

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:

Individual care plans did not reflect the wishes and preferences of the resident in the event of their needs changing.

Action Required:

Under Regulation 14 (2) (d) you are required to: Identify and facilitate each residents choice as to the place of death, including the option of a single room or returning home.

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

Each care plan going forward will reflect the resident's wishes and preferences. Where possible these will be discussed and agreed with each resident and or their nominated next of kin.

Training to commence on End of life care and Communication with residents and their families on End of Life Care.

End of life care to be discussed at Relatives meeting and at Dementia Support group meetings.

Proposed Timescale: 13/02/2014

Outcome 15: Food and Nutrition

Theme: Person-centred care and support

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

The centre-specific policy for the monitoring and documentation of nutritional intake was implemented in practice.

Action Required:

Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

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

All residents MUST scores reviewed monthly and if a residents has a MUST score of 1+ intake will be monitored for 3 days, weekly weights and referral and review by residents GP/Dietician will take place.

Training for care and Kitchen staff given in Meeting Nutritional needs given on 10th February 2014.

The increase in supernumerary hours for ADON to monitor and direct care staff in maintaining the optimal nutritional intake for our residents.

Proposed Timescale: 10/02/2014

Theme: Person-centred care and support

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

Although there was a supply of fresh water available, residents did not have appropriate means to access the water.

Action Required:

Under Regulation 20 (1) you are required to: Provide each resident with access to a safe supply of fresh drinking water at all times.

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

All residents now have access to drinking water.

Proposed Timescale: 29/01/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

The most recently recruited staff did not have the matters listed in Schedule 2 of the Regulations.

Action Required:

Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

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

Recruitment process in place to ensure that all staff provide all documentation as per schedule 2.

Proposed Timescale: 28/02/2014

