Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Heatherfield Nursing Home
Centre ID:	OSV-0000140
Centre address:	Heatherfield Nursing Home T/A J & N Sheridan Ltd, Bush Lane, Raynestown, Dunshaughlin, Meath.
Telephone number:	01 825 9354
Email address:	heatherfieldnursinghome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	J & N Sheridan Limited
Lead inspector:	Sonia McCague
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	29
Number of vacancies on the date of inspection:	1

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
28 February 2019 10:15	28 February 2019 17:25
01 March 2019 10:35	01 March 2019 14:50

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Non Compliant - Major
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on six specific outcomes relevant to dementia care.

A major non-compliance judgment was merited in relation to the regulations pertaining to the provision of Healthcare under Outcome 1. The details and rationale for this judgment are discussed within the body of this report and set out under 13 actions plans at the end for response.

The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection also considered findings from the last inspection carried out on 05 December 2017, notifications submitted, and information available and received since the last inspection. The actions required from the previous inspection had been addressed.

As part of the dementia thematic inspection process, providers were invited to attend information seminars given by the Office of the Chief Inspector, within the Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the provider representative and the person in charge completed the self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the self-assessment and the inspector's rating for each outcome.

The Inspector met with residents, relatives visiting and staff members during the inspection. The journey of a number of residents of the centre was tracked and reviewed. Care records, practices and interactions between staff and residents who had dementia were observed. Documentation such as care plans, medical records, rosters and staff training records were also reviewed.

The centre provided a service for up to 30 residents. On the days of the inspection the inspector was told that six residents had a diagnosis of dementia, 27 were long stay residents and two were admitted for respite care.

Residents were positive about the support provided by staff, and the Inspector observed good communication approaches to residents and opportunities for occupation and engagement in activities meaningful to them. Residents confirmed they felt safe, and staff confirmed they knew the policy and procedure to ensure residents were safeguarded in the centre.

A range of staff training opportunities included dementia specific training courses were provided. There was sufficient staff numbers and adequate skill mix on duty on the days of inspection.

Residents' were able to provide feedback on the service they received either directly to staff or during residents meetings held. The complaints procedure was clear, and information about the process was available and displayed in the centre.

There were systems in place to support residents making choices about their daily lives, however, the organisation of the centre required review in relation to the morning routine that commenced around 7am by the night staff and by incoming day staff.

The premises were homely, comfortable and well maintained. It supported residents' privacy and dignity and there were a range of rooms for social or quiet gatherings. There was access to the central courtyard and gardens surrounding the centre with a range of seating.

While many examples of good practice were found, significant Improvements were

required to ensure:
• appropriate and timely access to a medical practitioner was available and consistently provided
• a comprehensive assessment of prospective residents was completed to ensure the centre could meet their needs
• a high standard of evidence based nursing care is provided in accordance with professional guidelines
• medicine management and pharmaceutical services comply with any relevant legislation or guidance
• policies and procedures on the matters set out in Schedule 5 are available, adopted and implemented and
• records set out in Schedules 3 are kept and are available in a designated centre for inspection.

The findings are outlined in the Outcomes that follow and areas for improvement are outlined within the action plans at the end for response.

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 01: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
Overall, significant improvement was required to ensure appropriate medical care and robust medicine management. While there was access to a number of general practitioners (GP), an out of hour's medical service and a range of allied health professionals, significant improvements were required to ensure appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines was consistently provided and available to residents as required.

The centre had an admission policy and process in place for assessing residents' needs prior to admission; however, the policy required review to include the arrangements for respite and include any exclusion criteria identified in association with resources available and scope of the service provision. The admission process also required significant improvement to ensure that residents' safety, care and welfare is not compromised.

In the sample of residents tracked and records reviewed, the inspector saw that a pre-admission assessment was carried out for the perspective resident. This assessment was generally completed by the person in charge at least one week in advance of the resident's admission date to the centre. Resident admissions tracked were planned and copies of relevant clinical assessment documents including the Common Summary Assessment Report (CSARS) used to determine the need for Nursing Home Support and a hospital discharge letter was obtained and seen in the files examined. However, information recorded in the pre-admission record was vague in parts and did not sufficiently demonstrate that a full assessment of the resident's requirements was evaluated to ensure the centre could meet their needs.

In addition, the pre-admission protocol and the management of resident admissions did not consistently ensure that residents with dementia and with behavioural and psychological signs and symptoms of dementia (BPSD) had timely access to a medical practitioner. As a result, a resident admitted to the centre following a pre-admission assessment was later discharged back to the referral source after six days in the centre.

Furthermore, the resident had not been assessed or reviewed in the centre by the chosen medical practitioner and up to 15 medicines had been administered from a copy of the hospital record that was dated two weeks in advance of the resident's admission date.

In relation to medication management, the inspector found that a number of improvements were required. Medicines listed on a regular basis and as PRN (a medicine only taken as the need arises) were both given and the maximum dosage to be administered in a 24 hour period was not indicated on the copy used to administer medicines from. In addition, staff described the contact made with the out of hour's medical services, however the detail of the conversation, name of prescriber and instructions received by phone was not sufficiently recorded or maintained in accordance with professional standards. A medicine management policy was not available in the centre during this inspection.

The inspector found practices in relation to the prescribing, dispensing and returning of medicines that were not in accordance with professional or legislative standards. Medicine held in stock was without a label to indicate the date on which the product was supplied, the quantity supplied, directions for use of the product, the name of the person requesting the product and the name and address of the shop from which the product was supplied.

The nurses on duty said this stock was held in case of an emergency, however, this purpose was not stated on the product and none of the residents were prescribed this specific medicine. The inspector reviewed the prescription records of all residents and found that none of the current residents were prescribed sedatives or psychotropic medicines as PRN (a medicine only taken as the need arises). However, both were within medicine stocked.

The management of medicines following discharge of a resident or that was dispensed and no longer required by that resident also required improvement. A quantified or itemised record of medicines returned from the centre to the pharmacy for disposal was not maintained in the centre or made available.

While arrangements were in place to develop and evaluate existing care plans routinely and within a four monthly basis, areas for improvement were identified. Following the admission of residents a range of nursing assessments were competed and care plans were developed to identify how the residents care needs were to be met. Residents were monitored and consulted by staff to establish their routines and preferences. Care plans were reviewed at least every four months, and a range of nursing tools were used to assess if there had been changes in their abilities and needs. Areas assessed included the risk of pressure areas, risk of falls, risk of malnutrition, and cognitive ability. A low rate of incidents and accidents was confirmed by staff and the inspector was informed that none of the residents had pressure sores or wounds.

Care plans reviewed were in the main seen to reflect residents' individual preferences and provided information on their health and social history. Families were asked to provide information if residents were not able to provide it. This information was used and referenced in the plans for future care, social activities and engagement in the

centre. The inspector read in the care plan of a resident living with dementia and with behavioural and psychological signs and symptoms of dementia (BPSD) that a re-referral to the mental health services was made by their GP due to the escalation in behaviours. However, a record of this medical referral and plan was not available in the centre or documented within the residents medical notes in the centre. On further enquiry, staff confirmed to the inspector that the resident had not been seen by or reviewed by their GP on the date the referral was made or since following the change and escalation in behaviour. The daily nursing narrative included records of BPSD but did not confirm that a referral was made and a behavioural monitoring record was not being maintained separately to determine the antecedents, behaviour and consequences or actions taken in accordance with the centre's policy on responsive behaviours.

The Inspector reviewed policies, spoke to staff and reviewed care plans related to a residents' end of life plans. In the care plans reviewed, there was evidence that the resident and or relative had been consulted and decisions had been made and agreed. However, a recorded decision in relation to an advanced care directive not to resuscitate a resident that was reflected in the care plan was not recorded in the medical notes of the resident. There was no evidence that this judgment or decision was made in consultation with the resident's GP as required and as outlined within the centre's resus policy.

The preference of location and provision of a single room for residents at the end of life did not form part of the assessment and was not included in the end of life care plans reviewed. Sixteen residents were accommodated in shared bedrooms (five twin and two bedrooms with three beds).

Operational procedures were in place to guide practice and clinical assessment in relation to monitoring nutritional intake and risk of malnutrition. Staff were knowledgeable and described practices and communication systems in place to monitor residents that included regular weight monitoring, recommended food and fluid consistency and arrangements for intake recording, if required.

A directory of residents was maintained, but for one resident, the date of admission was incorrect and for another it did not include the dates of each transfer to hospital and return to the centre.

Residents discharged from the centre did not have an agreed contract of care on admission in accordance with Regulation 24.

Judgment:
Non Compliant - Major

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
There were measures in place to protect residents from being harmed or suffering abuse, and to promote resident's security.

There was a safeguarding policy and measures in place for the prevention, detection and response to abuse of residents. Staff spoken with were clear what actions to take if they observed, suspected or had abuse reported to them. Training records confirmed staff had received training in how to safeguard residents. The residents spoken with in the centre said they felt safe and were confident in the staff team to support them when needed.

Some residents were living with dementia and behavioural and psychological signs and symptoms of dementia (BPSD). The Inspector observed staff communication and interaction with these residents and saw positive behaviour supports and appropriate diversion techniques used during the inspection. Staff had received relevant training including how to support residents who had dementia that focused on reminisance and speaking about subjects that were meaningful to individuals, for example family life and relationships that existed. This resulted in positive outcomes for the residents and they were supported to remain engaged in their surroundings.

There was a policy in place covering the management of responsive behaviour, as reported in outcome 1, and where necessary there were links with the local mental health services on a referral basis.

The staff were committed to implementing the national policy 'towards a restraint free environment', and no use of restrictive practice in the centre was reported. There was a policy on restraint use in the centre that set out the procedure to use when considering if a restriction would result in a positive outcome for residents. Alternatives to bedrails were in place and decisions were reviewed regularly to ensure least restrictive option was available.

The Inspector was informed that the provider or staff were not a pension agent for residents' money.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
There was evidence that residents were consulted with and had opportunities to meet addressing the previous required action and were able to participate in their daily routine.

A resident's committee was operational, but residents said they had opportunity to meet on a daily and regular basis with staff and management as the centre due to the staff arrangements and layout of the building. Family members' involvement in residents care and welfare was promoted and records of communication with family members was seen in some of the resident records reviewed.

Access to and information in relation to the complaints process and an independent advocacy services was available to residents on request and advertised.

Residents' independence, choice and autonomy were promoted, however, the organisation of the centre required review as the morning routine that include the administration of medicines and serving of breakfast commenced at 7am by the night staff at the end of their shift and by some day staff (non-nursing) that started work at 7am.

Practices observed demonstrated residents were offered choices during the day. Residents who spoke with the inspector said they were able to make choices about how they spent their day, where they ate meals, or partake in activities.

A comprehensive communication policy was in place. Communication and notice boards, daily newspapers and telephone arrangements were available. Management confirmed the availability of the centre's computer and internet to residents.

The inspector established from speaking with residents and staff that opportunities to maintain personal relationships with family and friends in the wider community was very much encouraged. Arrangements were provided for residents to attend family occasions and opportunities to socialise and link with the wider community by arranged outings with family or friends. Visits by members from the local community were also facilitated.

There was a policy on residents' access to visitors and the provision of information to residents. Visitors were unrestricted except in circumstances such as infection. A register of visitors was maintained in the main entrance. Residents were seen receiving visitors in private or in communal rooms throughout the inspection.

The inspector saw that residents' privacy and dignity was respected and personal care was provided in private. Residents were seen to be well groomed and dressed in an appropriate manner with clothes and personal effects of their choosing. Residents' bedrooms were personalised with items and memorabilia.

A secure and accessible courtyard with appropriate garden furniture and flower beds was available from the ground floor sitting room. A patio and landscaped area with

garden furniture and features, and bird feeders was available at the front of the building.
Residents who spoke with the inspector said they knew their rights, were respected, consulted with and well cared for by kind and helpful staff.

Care attendants co-ordinated the activity programme which was tailored to the interests of the residents. As part of the inspection, the inspector spent periods of time observing staff interactions with residents including those with dementia or Alzheimer's disease. Residents with dementia participated well in activities that focused on the senses, for example, reminisance, scents, doll therapy and music. An imagination gym was well attended by up to 19 residents on one afternoon following lunch and after mass had been celebrated in the morning by a local priest.

Overall, the inspector found for the majority of the observation period the quality of interaction score was +2 (positive connective care). Staff knew the residents well and they connected with each resident on a personal level. Staff greeted the residents by name when they came to the day and dining rooms, they ensured that they were socially engaged and had opportunities to actively engage or listen.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
The inspector saw that there was a complaints policy, an operational procedure displayed at the entrance to the centre and systems in place for the receipt and management of complaints.

The inspector was informed that there were no formal complaints received since the previous inspection in December 2017. The person in charge who was the complaints officer showed the Inspector a log of issues communicated to her and that was addressed at a local level to the satisfaction of the individual concerned.

Both the provider representative and the person in charge stated that they were open to receiving complaints or information in order to improve the service.

Residents and relatives who communicated with the inspector were aware of the process and identified the person with whom they would communicate with if they had an issue of concern.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
There were appropriate staff numbers with the relevant skills and training to meet the needs of the residents. Staffing levels took account of the size and layout of the centre.

There was a full complement of staff on duty that included the person in charge. The staff team is made up of nurses, health care assistants, catering and household staff. The person in charge was the nurse on duty, and was seen offering support and advice to staff as required. The provider representative works as a nurse on day duty in the centre and while rostered to off arrived to the centre shortly after its commencement and was present during the two days.

Staff spoken with were clear on the policies and procedures related to their area of work, and also the importance of effective communication with residents and management.

There were supervision arrangements including staff induction and orientation, supervision in practice and annual appraisals. Staff on duty were able to provide confirm the supervision process and confirmed receipt of relevant and mandatory training.

An on-going training programme was described that including fire safety, safeguarding of vulnerable adults, and manual handling. Records were available to confirm staff attendance. Additional courses were also available depending on the role of staff including infection control, food hygiene and safety, dementia care, managing responsive behaviour and cardio pulmonary resuscitation. Nurses had completed training on medication management, however, based on the findings outlined in Outcome 1 a review of professional guidance documents available was required.

There were effective recruitment procedures in place in the centre. The files of four staff members were reviewed. All contained the requirements as per Schedule 2 of the regulations. All nurses employed in the centre were registered with the Nursing and Midwifery Board of Ireland (NMBI).

The person in charge confirmed all staff had Garda vetting in place and that there were no volunteers working or involved in the centre.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
Heatherfield Nursing Home is situated in a rural area on the outskirts of Dunshaughlin town. The centre is registered to accommodate 30 residents. Resident accommodation is provided over two floors and comprises 14 single rooms, five twin rooms and two three-bedded rooms. There is a passenger lift between floors as well as a chair lift on the main stairwell. Communal space includes three sitting rooms, a sun lounge and residents have access to secure gardens and a courtyard. Residents were supported to be involved in those areas if they liked gardening.

The centre was well maintained, clean and homely. Residents said they found it comfortable. On the days of the inspection the centre was a comfortable temperature, well lit and ventilated. There were handrails on both sides of corridors and grab rails in the showers and bathrooms. Flooring was seen to be non slip and free from trip hazards. There were aids and adaptations available in the rooms occupied by residents to support their needs.

Residents had the opportunity to personalise their room or bed space to their individual preference. Furniture was provided in each room, including a comfortable chair, wardrobe, wash hand basin, bed table and locker. Residents were able to bring additional items with them if they chose to. There was a call bell located by the bed and in the en-suite, bathrooms and communal facilities to call for assistance. Hand rails and colour contrasting toilet seats were in place in some toilet facilities.

Windows designed to provide good levels of sunlight and views from low levels to outside were available. There was overhead and bedside lighting for residents to use as they chose. All bedroom doors were a different colour to the corridor and had personalised pictures displayed including the residents name to support them to identify their bedrooms. There was also a clear number on the door also.

Adequate storage and circulating space was seen. Directional signage to support way finding was also available. Tactile items were accessible in communal areas and seating was arranged to provide different options, for example watching the television, facing the fire place or fish tank or looking out of the windows. There was a range of colourful seats and foot stools available.

There were comfy sofas, high backed chairs, and chairs with arms to support individual preference but also to take account of residents differing mobility needs. There were four main seating areas to support socialisation and opportunities to relax in a quiet area. There was a visitor's room also available and with comfortable seating opposite the nurses office on the ground floor. The dining room and main kitchen were located on the ground floor and a staff room and facilities was located on the first floor.

Corridors and the reception areas had been decorated with art and photographs from group events, zones and signs were in place to support residents, including those with dementia, to find their way around.

The household team was seen to be working to ensure the centre was well presented and clean throughout. There were also laundry arrangements in place and residents were satisfied with the care of their belongings.

Service arrangements for equipment in use were maintained and records to demonstrate regular servicing contracts were available. Correspondence was also see confirming current insurance cover for the centre.

The layout of the centre was seen to suit the needs and abilities of the current resident profile.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Sonia McCague
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 report[1]

Centre name:	Heatherfield Nursing Home
Centre ID:	OSV-0000140
Date of inspection:	28/02/2019 and 01/03/2018
Date of response:	28/03/2019

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 01: Health and Social Care Needs

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The policies to be adopted on responsive behaviour and resuscitation decisions were not being implemented in practice.

1. Action Required:
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

Please state the actions you have taken or are planning to take:
Outcomes of discussions regarding CPR and DNAR orders will be documented in the residents nursing notes as per Heatherfield Nursing home policy regarding emergency care including Cardiopulmonary Resuscitation 9 (CPR) and/ or transfer to hospital will be made on the individual assessment of each resident in accordance with the requirement for informed consent and in line with best practice.

All aspects of Heatherfield Nursing Home Resuscitation Policy will be adapted and implemented as per Regulation 04 (1) by ensuring all nurses are familiar with the content.

The Responsive Behaviour policy will be implemented to ensure that behaviour monitoring records are being maintained to determine behaviour and consequences or actions taken in accordance with said policy.

Training regarding Responsive Behaviour will take place in parallel to ensure best practice standards. This policy will operate in conjunction with nursing narrative notes to the highest standards.

The above operations will operate within Regulation 04 (1) to ensure increased staff familiarity with policy and procedures.

Proposed Timescale: 17/05/2019

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
A medicine management policy was not available in the centre during this inspection.

2. Action Required:
Under Regulation 04(2) you are required to: Make the written policies and procedures referred to in regulation 4(1) available to staff.

Please state the actions you have taken or are planning to take:
All medication policies are available to staff and will be incorporated into the Medication Management training scheduled in this area in April 2019.
This is to ensure that nursing staff are fully aware of their legislative responsibilities in this area.
The policies were under review on the first day of the inspection.

Proposed Timescale: 17/05/2019

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The admission policy and process required review to include the arrangements for respite and any exclusion criteria relevant to the scope of the service provision.

3. Action Required:
Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
The admissions policy / process and procedures will be reviewed to include the arrangements for respite care and will define any exclusion criteria relevant to the scope of the service provision.
In essence, pre-assessment procedures will be strengthened and redesigned in ways that identify and clarify perspective resident's responsive behavior issues. The admission process/work undertaken with discharge planners who refer perspective residents will illicit full assessment information to assist decision making regarding resident's requirements and capacity to meet same at Heatherfield Nursing Home.

The admissions policy will be reviewed and updated in accordance with best practice and in compliance with Regulation 04 (3) and Regulation 4 (1).

Proposed Timescale: 17/05/2019

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The admission and assessment process required significant improvement to ensure that residents' safety, care and welfare is not compromised.

4. Action Required:
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:
The individualised assessment and personal plan developed for each resident will meet the needs of each resident when they have been assessed.

Care plans designed to meet identified needs will clearly reflect the ongoing supports to be provided specifically relating to person's safety, best possible health, communication and choices as well as positive behavioral supports. Care plans reflect person's changing needs and developments.

Proposed Timescale: 17/05/2019

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Information recorded in the pre-admission record was vague in parts and did not sufficiently demonstrate that a full assessment of the resident's requirements was evaluated to ensure the centre could meet their needs.

Residents had not been assessed in a timely manner or reviewed in the centre by the medical practitioner following a planned admission.

Residents did not have a comprehensive assessment completed for up to and over one week in residency and having been pre-assessed and subsequently admitted as a planned admission.

An assessment and behavioural monitoring log/record was not being maintained as required.

5. Action Required:
Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

Please state the actions you have taken or are planning to take:
Comprehensive assessments will be undertaken of all perspective resident's to determine fully each resident's requirements. Pre-assessment protocols and records utilised will be reviewed and amended to ensure pre-admission records meet best practice standards.
Comprehensive assessments by an appropriate healthcare professional of the health, personal and social care needs of a resident or a person who intends to be a resident will be arranged before or as the person is admitted to the designated centre. This matter was discussed between the GP, the Provider and P.I.C on the 1st March 2019 to progress timely GP assessment following a planned admission. This will form part of planned admissions.
Training re; use of assessments and behavioral monitoring logs/records will take place to ensure best practice as part of responsive behavior training.

Proposed Timescale: 17/05/2019

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory

requirement in the following respect:
Appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines, was not consistently provided, and available to residents as required.

Appropriate medical care was not ensured when required and following the planned admission of residents.

A high standard of evidence based nursing and practice in accordance with professional guidelines was not maintained on a consistent basis and in relation to medicine management arrangements.

The administration of medicines were not in accordance with professional standards.

An advanced care directive not to resuscitate a resident was not recorded in the medical notes of the resident. There was no evidence that this judgment/decision was made in consultation with the resident's GP as required and as outlined within the centre's resus policy.

6. Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
Each resident will have care plans prepared that are based on individualized assessments and a personal plan.
This will encompass maximum participation of the resident, and if the person wishes, if appropriate a family member ("representative") is involved.
These assessments and care plans will meet regulation 06 (1) requirements of relevant multidisciplinary assessments in accordance with the resident's needs. They will also reflect a resident's changing needs and developments.
The residents will have a GP of choice.
Best practice standards regarding resident's choice of treatment and his/her right to refuse treatment is respected and will be documented in GP notes as will the resident's resuscitation status.
Care plans will be monitored, reviewed and audited to ensure that same reflects the ongoing supports necessary and provided relating to each person's safety, best possible health, communication and choices, positive behavioral supports, rights and allied health professional required will be provided in a timely manner.
Training inputs in March/April 2019 will take place which will include nurses professional guidelines issued by An Bord Altranais agus Cnaimhseachais in the area of Medication Management and Care of the older adult.

Proposed Timescale: 17/05/2019

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The pre-admission protocol and the management of resident admissions did not consistently ensure that residents with dementia and with behavioural and psychological signs and symptoms of dementia (BPSD) had timely access to a chosen medical practitioner.

7. Action Required:
Under Regulation 06(2)(a) you are required to: Make available to a resident a medical practitioner chosen by or acceptable to that resident.

Please state the actions you have taken or are planning to take:
Each resident will have access to a GP chosen or acceptable to that resident. This matter was discussed between the GP, P.I.C., and Provider on the 1st March 2019. Amendments to be made re; pre-admission protocols will address any inconsistencies identified during the inspection process.

Proposed Timescale: 17/05/2019

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The preference of location and provision of a single room for residents at the end of life did not form part of the assessment and was not included in the end of life care plans of those (16) accommodated in shared bedrooms.

8. Action Required:
Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

Please state the actions you have taken or are planning to take:
Where the resident is approaching End of Life if he/she indicates a preference to return home or a private room he/she will be facilitated for such preference in so far as is reasonably practicable. This will form End of Life care assessment and will be included in End of Life Care plans for residents.

Proposed Timescale: 17/05/2019

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
A record of a medical referral and plan was not available in the centre or documented within the residents medical notes in the centre.

The detail of conversations and instructions received by staff from other healthcare professionals was not sufficiently recorded or maintained in accordance with professional standards.

The directory of residents maintained did not include the correct date of admission for one resident and the dates of each transfer to hospital and return to the centre by another resident.

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

Please state the actions you have taken or are planning to take:
The Provider/P.I.C will ensure that medical referrals and plans are available and documented within the residents medical notes by the GP and will be held in the centre. Documentation will encompass resident's resuscitation status as per Heatherfield Nursing Home policy in this area and will be signed off in line with professional best practice standards as per legislation and regulations.

Medication Management training / nursing records training as per legislation will ensure that instructions received by staff form other healthcare professionals are sufficiently recorded and maintained in accordance with professional standards.

The directory of residents will be updated and maintained to ensure that it is correct and fully compliant with regulation 21 (1) and in line with best practice standards. It will be audited to ensure that there are no errors in same.

Proposed Timescale: 17/05/2019

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents discharged from the centre did not have an agreed contract of care on admission in accordance with Regulation 24.

10. Action Required:
Under Regulation 25(4) you are required to: Discuss, plan for and agree a discharge with a resident and, where appropriate, with their family or carer, in accordance with the terms and conditions of the contract agreed in Regulation 24.

Please state the actions you have taken or are planning to take:
The P.I.C. will undertake an audit of Contracts of Care to ensure same meet full compliance in accordance with Regulation 24 and under Regulation 25 (4).
Outcomes from this audit will inform related processes that support discharge planning.

Proposed Timescale: 17/05/2019

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Practices in relation to the prescribing, dispensing and returning of medicines were not in accordance with professional or legislative standards.

Medicine held in stock was without a label to indicate the date on which the product was supplied, the quantity supplied, directions for use of the product, the name of the person requesting the product and the name and address of the shop from which the product was supplied.

11. Action Required:
Under Regulation 29(2) you are required to: Facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.

Please state the actions you have taken or are planning to take:
The P.I.C. will facilitate the pharmacist concerned in meeting his/her obligations to a residents by ensuring that pharmacy records are safe and accessible and that the resident has access to a pharmacist of the person's choice.

A new medication Kardex system will be put in place to meet best practice standards. Quarterly reviews will continue in line with professional regulatory requirements. Practices in relation to the prescribing, dispensing, and returning of medicines will form part of Medication Management training to ensure nursing practice is in accordance with professional and legislative requirements.

All regulatory requirements under Regulation 29 (2) will be met

Proposed Timescale: 17/05/2019

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A quantified or itemised record of medicines returned from the centre to the pharmacy

for disposal was not maintained in the centre or made available.

12. Action Required:
Under Regulation 29(3) you are required to: Where a pharmacist provides a record of medication related interventions in respect of a resident, keep such record in a safe and accessible place in the designated centre concerned.

Please state the actions you have taken or are planning to take:
The Person in Charge will ensure that records of medication related interventions in respect of a resident will keep all such records in a safe and accessible place at all times providing easy access for inspection of same.

Proposed Timescale: 17/05/2019

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The management and return of medicines following discharge of a resident or that was dispensed and no longer required by a resident required improvement.

13. Action Required:
Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

Please state the actions you have taken or are planning to take:
Medication Management training will focus on all aspects of Medication Management and is scheduled for March/April 2019.

This will specifically focus on Regulation 29 (6) which will cover management of out of date / un-used medications in line with professional legislation requirements.

All necessary improvements will be made to ensure full compliance.

Proposed Timescale: 17/05/2019