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Nephin Nursing Home, OSV-0005880, 7 August 2019

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Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Nephin Nursing Home
Name of provider:	Willoway Nursing Home Limited
Address of centre:	132 - 134 Navan Road, Cabra, Dublin 7
Type of inspection:	Unannounced
Date of inspection:	07 August 2019
Centre ID:	OSV-0005880
Fieldwork ID:	MON-0027522

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Nephin House is a purpose built facility and has a combination of single and shared accommodation over three floors. There are two elevators servicing the building. Once the centre is fully operational it can accommodate 62 residents. There is an enclosed garden area located to the rear of the building which is accessible from the large dining room. Nephin House is situated on the busy Navan Road, and a variety of bus routes stop close by. Prior to admission to Nephin House, the resident is fully assessed by the director of nursing. A range of activities are provided which encourage residents to keep mobile and take an interest in life. Outings to the nearby community parks can be arranged. Full time nursing care is provided, for residents with needs that range from mild dependency to full dependency.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
07 August 2019	09:45hrs to 18:00hrs	Sarah Carter	Lead
07 August 2019	09:45hrs to 18:00hrs	Deirdre O'Hara	Support

What residents told us and what inspectors observed

The inspectors spoke with 8 residents (22% of residents) and some visitors throughout the inspection.

They also had the opportunity to engage with residents who had difficulty communicating verbally, who indicated their satisfaction with the service and care they were receiving.

The residents said they liked the food they were served, saying it was great and tasty. They said they had enough to eat, and could always get something to eat outside of mealtimes if they wanted anything. All residents spoken with took their meals in the main dining room. Several residents were observed eating their meals in their rooms on the first floor.

Most of the residents told inspectors they liked the premises, and their rooms. They mentioned the access to the garden as something they really enjoyed. Residents said they could watch what they liked on the TV and enjoyed the activity programme, saying that they particularly enjoyed any activities that involved singing and music, and would like more of them.

Residents said their relatives and friends could visit at all times, and said they had a choice of places where they would sit and chat to them.

Residents also went on to say that they thought the staff were kind and that they were able to attract their attention whenever they needed help.

Visitors reported they felt that there was a good standard of care in the centre, and they know how to raise concerns and comments if they wanted too, They also said they had been contacted if the residents condition changed.

Capacity and capability

This inspection was carried out as it was a newly registered centres. We had also received one piece of unsolicited information. All related lines of enquiry were followed up during the inspection.

The registered provider representative and person in charge worked to ensure that residents received a good standard of care through the processes and systems they had in place. There was a clear governance structure within the centre, as the management structure was clearly defined and all staff were aware of their roles

and responsibilities.

The centre was well-managed and there were arrangements in place to monitor the quality and safety of care and the service delivered to residents. Staff meetings had recently begun in the centre, however the minutes of these meeting were not available. The senior management team visited the centre at least one day per week.

Since the centre opened (March 2019), three formal meetings had taken place between the person in charge and her manager, in addition to the persons in charge within this group of nursing homes. The outcome of audits and key clinical data such as falls, use of restrictive practices, wounds, complaints, medication management, and subsequent continuous quality improvements were discussed at these meetings.

Sufficient resources were provided to ensure care was delivered in accordance with the centre's statement of purpose. The provider ensured that all staff had completed Garda Vetting before commencing their in the centre.

Following a review of the staff rosters, residents' dependency needs, and feedback from residents, the inspectors were satisfied that there was sufficient staff on duty to meet residents' needs.

The complete staff training records were submitted immediately after the inspection, as attendance records only were available on the day. Having reviewed the training records, the inspector was satisfied that a culture of learning was promoted through training and professional development. All staff were trained in the mandatory areas, with all nursing staff having received additional training on dementia care and behaviour that challenges. A robust induction procedure was in place to ensure that staff had the required competencies to care for residents.

The registered provider had maintained a directory of residents in the centre, however this did not accurately reflect the total number of residents on the day of inspection. Some additional information was also required to ensure the directory satisfied schedule 3 of the regulations. Some steps were taken on the day of inspection to address these gaps.

The designated centre had up-to-date policies and procedures in line with Schedule 5 of the regulations and that these were made available to staff. As the centre was new, policies had not been formally reviewed to date within the centre as they were new.

There was a complaints policy in place which was accessible to residents and relatives, this policy met all the requirements of the regulations. The complaints process was well managed in the centre and the one complaint received was resolved at local level. This complaint was dealt with promptly and records were kept which outlined the outcome and satisfaction of the resident. Residents spoken with knew who they could raise a complaint to and the process was advertised within the centre.

Regulation 15: Staffing

The numbers and skill mix of staff was sufficient to meet the needs for the residents and the size and layout of the centre. This resulted in a positive impact on the care and support for residents. Following a review of the staffing rosters the inspectors found that there was always at least one registered nurse on duty at all times. There was a sufficient gender mix of staff to manage any residents intimate care as per their request across the rosters seen.

Judgment: Compliant

Regulation 16: Training and staff development

The staff had access to appropriate training. This included training on fire, manual handling, safeguarding and resuscitation.

There was a comprehensive clinical programme in place to support new nurses to ensure safe effective care.

Staff were appropriately supervised in their roles. A thorough induction programme was in place to assist new staff.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider has maintained a directory of residents in the centre, however there was only 35 residents accounted for in the register on the day of inspection instead of 36 residents, this was rectified on the day of inspection. However improvement was required to include all details as specified in schedule 3 of the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure effective delivery of care in

accordance with the centres statement of purpose.

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was outlined in the statement of purpose.

There were management systems in place to ensure the care provided was safe, appropriate and effectively monitored. There were management team meetings taking place where clinical and non-clinical data were reviewed. Clinical audits were carried out which analysed falls, medications, pressure ulcers. Care plans audits and staff meetings had commenced recently in the centre.

The person in charge was well supported in her role by her peers within the group of centres owned by the provider and by senior management.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place which was accessible to residents and relatives, this policy met all the requirements of the regulations.

The complaints process was well managed in the centre. Complaints were dealt with promptly and records were kept which outlined the outcome and satisfaction of the resident. Residents knew who they could raise a complaint to and the process was advertised within the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The designated centre had up-to-date policies and procedures in line with Schedule 5 of the regulations and that these were made available to staff.

Judgment: Compliant

Regulation 21: Records

Inspectors reviewed a sample of staff records and the provider had ensured that all staff had completed Garda Vetting before commencing working in the centre in accordance with the National Vetting bureau (Children and Vulnerable Persons) Act

2012. There was record of all current registration for nursing staff available in the centre.

A record of staff training was not available on the day of inspection, but was made available immediately after the inspection.

A directory of visitors was available in the reception of the centre.

Judgment: Compliant

Quality and safety

A good standard of care was provided for residents and risk management processes ensured residents were treated safely, and in a comfortable environment.

20% of care plans were reviewed, and these represented a range of needs. All care plans reviewed had been developed from evidence based assessments and indicated a clear goal for the resident. Residents were assessed prior to admission and care plans were developed within 48 hours of their admission into the centre. There was limited evidence of consultation with residents however residents spoken with were satisfied with their care, and felt their needs were being met.

The residents had access to a GP, and other specialists as required. There was a clear policy in place to guide staff when working with residents who experienced behaviours that challenge. There was evidence in resident's charts that this policy was being followed, and incidents were being recorded and followed up appropriately. There was a policy on restrictive practices also available to guide staff, and in the sample of clinical records seen, full clinical and risk assessments had been completed prior to the use of bedrails. Medication was not being used to manage any residents who were experiencing behaviours that challenge.

Resident's nutritional and hydration needs were met in the centre. Meals presented to residents looked well and any dietary requirements were met through care planning and clear information amongst staff. Residents nutritional intake was being clearly recorded. Choices of meals and snacks were offered to residents. Most residents ate in the main dining room on the ground floor, with some residents expressing a preference to eat in their room on the first floor. Food served in residents rooms was also well presented, and appeared to be of a good temperature.

Residents were protected from abuse in the centre as staff were fully trained in safeguarding, and no investigations had taken place. The centre had a policy on safeguarding vulnerable adults which referenced national guidelines. It included instructions for staff to contact various personnel in the health service executive however the provider was aware that this resources was not currently available to them. The centre was a pension agent for two of its residents, and an appropriate

process was being followed that protected the resident's income.

There was an activity programme in place and advertised throughout the centre. There were facilities for recreation available in the centre. A specific computer record was in place to record residents engagement and capture the quality of their engagement activities. Activity staff worked Monday to Friday. Inspectors were told that despite the activity record being maintained separately for the residents care records, they could compile reports on residents attendances and were also informally communicating observations and information about residents engagement with staff throughout the day. While most residents gave feedback that they were satisfied with the activities on offer, a small number suggested they would like more music. A small number of residents were observed by the inspectors sitting throughout the morning in the dining area, and did not appear to be engaged in or offered any activity.

Visitors were observed coming and going from the centre throughout the day, and no restrictions were in place. The front door to the centre was locked, and reception staff were responsible for opening the front door. Visitors were asked to sign in and out in the centre visitors log, and there was sufficient spaces throughout the centre to accommodate visitors. A private room for visitors had been available on the ground floor, but was being repurposed, with an alternate private space being made available in the lower ground floor. While the centre has underground parking, a barrier was in place to enhance security. Access to the underground parking could be gained by contacting the reception. On the day of inspection the reception staff was on leave and reception duties were being covered by other staff. However visitors were observed entering and exiting the building without any significant delay.

The centre had been registered in March, and the conditions of the centres registration were being observed. Residents were living on the ground and first floor, with the second floor currently vacant. The premises was found to be clean and well maintained, with wall decorations and general decorations gradually being added as residents prepared or completed creative projects in their activity groups. Access to the garden area was unrestricted. Storage areas had been marked out with chevron tape in small areas on the ground and first floor, however wheelchairs, manual handling equipment and a couple of boxes of clinical supplies was observed stored in the lift lobby of the basement floor. The bedrooms that were not in use in the centre, as per the conditions of registration, were being used as temporary storage facilities for equipment and clinical supplies. The inspectors were told that automatic closures for the heavy fire doors at the entrances to the communal rooms, had been sourced and ordered, to ensure these doors could be propped open without increasing the risk of fire spreading.

The centres risk management policy contained all the requirements of the regulation, and specified risks were referenced and described in accompanying policies. The emergency response plan was discussed as the detail within contained instructions for staff commence evacuation. This was amended after the inspection with further details. Another designated centre, owned by the provider had been identified as a safe place for residents to go in the event of an evacuation. A risk

register was in place, and was updated on the day of inspection to include the risk of storing an oxygen tank on an incorrect stand.

Adequate precautions to prevent fire were being taken in the centre. The equipment within the building to detect and respond to fire had been certified and tested within required timeframes. This centre was first registered in March of this year, and all staff were fully trained in fire response, however drills simulating a response to a fire across different times of the day or night were yet to commence.

Regulation 11: Visits

Visits were unrestricted in the centre, and suitable communal and private areas were available for visitors and residents.

Judgment: Compliant

Regulation 17: Premises

The centre had 36 residents living on the ground and first floor on the day of inspection, representing an occupancy of just under 60%. The premises was appropriate to the needs of the residents and able to facilitate the care described in the centres statement of purpose. The centre was well maintained. There was adequate space in bedrooms for residents personal belongings. There was grab rails along corridors and two lifts for access to the different floors. There were small areas marked for storage along the sides or at the need of some corridors, and bedrooms that cannot be used until the conditions of registration are met, were being temporarily used for the storage of clinical supplies and some equipment.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place that detailed the centres approach to assessing and controlling risks. A risk register was being maintained. There was a plan in place to respond to major emergencies which was updated with further detail immediately after the inspection. The centres emergency response plan & emergency evacuation plan requires further review and this is detailed in the next paragraph, under regulation 28.

Judgment: Compliant

Regulation 28: Fire precautions

There were adequate precautions in place to prevent and respond to fire emergencies.

All staff had received training, however suitable drills had not commenced to ensure staff had practised fire and evacuation procedures and to identify any gaps in knowledge or in the procedures.

The centres evacuation plan was amended immediately after inspection, to include the detail that evacuation was to take place after a specific period of time had passed.

However the evacuation procedures required further review to ensure that staff were clearly guided to assess the situation, and commence further evacuation as required by the situation.

Another centre owned by the provider had been identified as a safe place for residents to be evacuated to.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were developed on admission to the centre, and amended on the basis of newer assessments or the condition of the resident changing. Evidence of consultation with residents or their families about the residents care plans was not seen.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) and told the inspectors they could see the doctor when required. Residents had access to specialists, and referrals to a range of specialist doctors and allied health professionals were seen.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a clear policy in place to guide staff. Nursing staff had received additional training in this area. There was evidence that residents needs were met in the least restrictive way. A register was maintained of bed-rail use in the centre, and the assessment for this intervention were comprehensive and included the consent of the resident.

Judgment: Compliant

Regulation 8: Protection

There was a policy in place to guide staff to safeguard residents. It included instructions for staff to contact various personnel in the health service executive however the provider was aware that this resources was not currently available to them. It also guided staff to report allegations to the director of nursing. All staff had received training in safeguarding vulnerable adults. There were adequate measures in place to protect residents; including staff training and appropriate processes to manage residents pensions.

Judgment: Compliant

Regulation 9: Residents' rights

There were facilities and opportunities in the centre for residents to engage in recreation. Residents privacy was protected by staff practices and the use of privacy screens in shared bedrooms. There was independent advocacy available in the centre and a residents forum had recently started to meet.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had sufficient food and drinks available throughout the day. Food appeared wholesome and was well presented. Any dietary requirements a resident had were facilitated by staff and the kitchen. There was adequate assistance available throughout the mealtime.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 21: Records	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 18: Food and nutrition	Compliant

Compliance Plan for Nephin Nursing Home OSV-0005880

Inspection ID: MON-0027522

Date of inspection: 07/08/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>We will ensure that the correct details for new residents are entered correctly in the directory</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Our fire training already covers both horizontal and vertical evacuation as part of the fire awareness training in compliance with Regulation 28. We have already conducted an evacuation on 8th March 2019 in addition to previous training on February 22nd 2019, with 2 more training sessions planned. We will continue to have regular fire training including evacuation as part of our training in the centre in compliance with the regulations</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>We will record in residents' care plans that we have consulted family residents in the care planning</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	07/08/2019
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	06/09/2019
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all	Not Compliant		06/09/2019

	persons in the designated centre and safe placement of residents.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	15/08/2019