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## Sligo Nursing Home, OSV-0000363, 10 October 2018

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'Sligo Nursing Home, OSV-0000363, 10 October 2018', [report], Health Information and Quality Authority, 2019-02-05, Older People Inspection Report, Nursing Homes, Compliance Monitoring Inspection report Designated Centres under Health Act 2007, as amended
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-03-13 05:22:10
Link to Item	<a href="https://hdl.handle.net/20.500.14765/88138">https://hdl.handle.net/20.500.14765/88138</a>



# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Sligo Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Ballytivnan, Sligo
Type of inspection:	Unannounced
Date of inspection:	10 October 2018
Centre ID:	OSV-0000363
Fieldwork ID:	MON-0022263

## About the designated centre

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

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	60
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## How we inspect

To prepare for this inspection the inspector or 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
10 October 2018	10:10hrs to 19:30hrs	Marie Matthews	Lead
10 October 2018	10:10hrs to 19:30hrs	Gearoid Harrahill	Support

## Views of people who use the service

Residents who spoke with inspectors reported overall high levels of satisfaction with the care and services provided to them in the designated centre. Residents spoke highly of staff, describing them as kind and approachable. Residents felt safe in the centre and felt that their dignity was maintained, and felt confident that they could bring any concerns or worries to the staff and the person in charge.

Residents were complimentary about the food and menu choices that were available. Some residents referred to alternative choices being available if they did not want what was on the menu, and some had spoken to the chef directly about their meal preferences.

Residents had mixed responses when asked about recreation and activities. Some said that they enjoyed the activity sessions in the centre and enjoyed chatting to staff and other residents. Others said that there were days with not much going on, and wished there was more to do in the centre.

## Capacity and capability

Staff in the centre were familiar with residents, their needs and interests. Residents spoke positively about the staff, noting that calls for assistance were answered promptly. There was evidence that staffing levels were being kept under review. Based on these reviews, shift patterns had recently been amended to increase resources during busy evening times, which has had a positive effect and as such will be continued. Inspectors discussed with the provider the importance of including the findings of fire drills in these reviews to ensure that resources allowed for efficient evacuation with changing resident dependencies. The provider had recently recruited social care practitioners to the complement of care assistants with the objective of enhancing the person-centred nature of care delivered.

A matrix of mandatory and supplementary training for all categories of staff was maintained in the centre. These records indicated that staff were up to date in their training in fire safety, manual handling, and safeguarding of vulnerable adults, with those due to expire having dates scheduled for the coming weeks. All nurses were up to date in medication management training and all staff had been trained in infection control practices and food safety. All staff had been trained in caring for people with dementia and with behavioural and psychological symptoms of dementia (BSPD). Nurses also had training in tissue viability care and cardiopulmonary resuscitation (CPR). Some staff had completed or were completing a course to deliver a therapeutic sensory activity programme for use with

people with dementia.

There was a clear management structure in place with sufficient reporting systems and lines of accountability. The person in charge explained to inspectors the structure for staff induction and appraisals and provided examples of the assessment of same. Staff appraisals included elements of self-assessment and areas where staff or their line manager felt that additional support was required to carry out their duties to a high standard. Inspectors spoke with members of staff and they stated they felt supported to do their jobs. They felt assured that if they had any concerns or requests, that these would be listened to by management and given due consideration.

Audits and monitoring by the centre management had led to improvement in care review, particularly around records and analysis of falls, which was an action from the previous inspection. Where audits had been completed, actions were identified and completed to improve and maintain performance in areas such as medication management, use of bed rails, infection control measures and staffing deployment. However, the auditing system had not identified gaps in care planning for residents with pressure wounds. There were also gaps in records of resident consultation in care plan review. At the time of inspection, the provider had not addressed actions from the previous inspection within their stated timeframes, including designated space to facilitate the safe storage of assistive equipment.

Inspectors reviewed a sample of personnel files for staff in the centre, which contained all required information and documentation required under Schedule 2 of the regulations. People working in the centre on a voluntary capacity had their role and responsibilities set out in writing. All staff and volunteers had evidence of clearance by An Garda Síochána. The centre did not require the use of agency staff.

### Regulation 15: Staffing

Staff had a good knowledge of residents' needs, preferences and interests, and staff spoke positively about staff and the care delivered. Staffing levels were kept under review and shift patterns changed to positive effect where identified.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had received their mandatory training and had access to a range of additional supplementary training. There was an appropriate supervision structure in place and staff felt supported by management to carry out their duties.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider maintained a directory of residents which contained up-to-date information required under Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

Overall records were well maintained. However, some fluid charts for residents with dietary risks lacked detail, with quantities and optimal fluid balance not always recorded.

Judgment: Substantially compliant

### Regulation 22: Insurance

The provider had an active insurance policy for the premises, residents' effects and public liability.

Judgment: Compliant

### Regulation 23: Governance and management

Overall, the auditing and monitoring system was effective in leading to positive care improvement. However, the auditing system had not identified gaps in care planning for residents with pressure wounds. There were also gaps in records of resident consultation in care plan review.

At the time of inspection, the provider had not addressed actions from the previous inspection within their stated timeframes, including the provision of designated space to facilitate the safe storage of personal assistive equipment.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

There were written and signed contracts of care between the provider and residents, in which the terms of residency, and associated regular and additional fees were outlined.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The provider had up-to-date policies developed on all matters referred to under Schedule 5 of the regulations.

Judgment: Compliant

## Quality and safety

Each resident had a pre-admission assessment prior to coming to live at the centre, and following admission this information was used to develop care plans to meet the residents' needs. Care plans were reviewed every four months or more often if there was a change to a resident's health or needs. Residents who required them had suitable care plans including communication, intimate care and hygiene needs, dementia, sleep and mobility. Progress notes were generally well documented by care staff, and overall inspectors found that care was given as prescribed in the residents' care plans. However, inspectors found that care plans had not been developed to provide care instruction and guidance on caring for residents who had developed pressure related skin injuries. Improvement was also required in evidencing that review of care plans was done in consultation with the resident, and where appropriate, their family.

For residents who exhibited behavioural or psychological symptoms of dementia, a care plan had been developed for responding to these behaviours which was reflected in related care plans on communication and social engagement. Care plans reviewed by inspectors described strategies to prevent or de-escalate episodes of responsive behaviours for each resident. Staff had been trained in the management of responsive behaviours and had a good knowledge of how to react and respond to incidents in a safe and dignified manner.

Use of restrictive practices had reduced in the centre. Where restraints such as bed rails were used, there was evidence that consent had been sought. There was also evidence that the provider had trialled alternatives of less restrictive options, and

the outcomes of such attempts were recorded.

Residents had access to appropriate medical care, general practitioners, and allied health and support services where required.

The centre had policies on safeguarding of vulnerable adults and on whistleblowing procedures. Staff had received safeguarding training and were clear on the policies and on the need to report incidents of alleged, suspected or actual abuse. No investigations were ongoing at the time of the inspection. Residents told inspectors they felt safe and comfortable in the centre.

Measures were in place to safeguard residents' finances. The provider acted as a pension agent for over a dozen residents, each of whom had their own separate account into which pensions were paid directly, before the fees were paid, with the balance remaining in these accounts for the residents' personal use. Records for these accounts were clear when reviewed.

The premises consisted of two storeys of single and double occupancy bedrooms with an elevator to transfer between them. Each floor had a large, pleasantly decorated communal living room where a number of residents spent their day. The building was overall clean, appropriately heated, lit and ventilated, and was decorated in a homely fashion. Clocks and calendars were posted prominently in the centre to help orientate residents.

Safe, level floors and handrails allowed resident to navigate corridors safely either independently or with assistance. However, this safe navigation was impeded by a large amount of equipment such as specialised chairs, hoists, slings and wheelchairs being stored on the corridors outside bedrooms. The lack of designated storage rooms, or space within the residents' bedrooms, resulted in some residents having their personal equipment in the hallway outside their bedroom door, or in nearby alcoves. This allowed staff to retrieve the equipment promptly, however it obstructed safe navigation for residents who required the handrails to traverse the hallways. The provider showed inspectors plans to convert a room upstairs, and another room downstairs, with the intent of providing such storage space within stated timeframes.

The activity schedule did not detail any planned activities for the weekends, and inspectors were told that care assistants were responsible for taking over facilitation of activities on weekends and on days when the activities coordinator was not working. However, the activities coordinator was absent on the day of inspection and inspectors observed little evidence that the quality of activities was maintained on these days. Some residents spoke highly of activity sessions, while others told inspectors that there were days where they wished they could do more and that there was not a lot going on during the day. There was a system for logging resident participation and engagement with activities, though the only person filling these logs for a sample of residents was the coordinator, so no record was kept that activities were taking place for the people who would benefit from them on days the coordinator was absent. There were multiple activity schedules posted on notice boards, which listed conflicting information and were not seen happening in the

centre on the day of inspection. Outings for residents happened when transport could be arranged, such as trips out for coffee or lunch in town. Events in the centre for Halloween and Christmas were also being planned.

Improvement in provision of activities was also required to ensure that residents who benefit from individual or small group activities in accordance with their interests, preferences and capacities were supported to do so. This included residents who had dementia and residents who spent the majority of their time in bed.

The provider facilitated residents to observe their religious practices. Residents were also on the electoral register for the upcoming presidential election, and arrangements were in place for residents to cast their vote in the centre if desired. Residents and their families were also consulted on the running of the service through forum meetings, which also served to introduce people to new staff, inform them of work commencing in the centre, and address concerns people may have around matters such as laundry or fees.

Incident and accident records were well maintained in the centre, and this contributed to a good falls management strategy for residents. For each incident, a root cause analysis was completed, and any learning and actions from these were reflected in the residents' care plan reviews, including recommendations from the physiotherapist.

Suitable equipment for detecting and extinguishing fire was available in the centre. Records of regular checks and certification of fire extinguishers, escape routes, emergency lighting and the alarm system were complete and available in the centre. All residents had personal emergency evacuation plans, which explained the equipment and assistance requirements each person needed to safely and efficiently evacuate the premises. Staff were clear on fire procedures and knowledgeable on evacuation routes and practices.

The provider conducted regular evacuation drills in the centre. The record of these included notes on where the location and time of the simulated fire was, and where procedures were not properly followed as learning points for staff. Improvement was required in the records of these drills as they did not sufficiently identify how long it would take to evacuate all residents from a compartment through simulation of time taken, to continuously assure the provider that resources were adequate for changing dependencies. A small number of bedroom doors were observed to be propped open with armchairs, a fault which had also been observed during the practice drills.

Staff were appropriately trained in infection prevention and control, and were clear on their procedures related to cleaning different types of rooms and managing infection risks. Hand hygiene practices were in effect and the centre was equipped with sufficient numbers of hand gel dispensers.

## Regulation 17: Premises

There was insufficient storage space available for resident equipment. Hoists, wheelchairs and other items of assistive equipment were stored along corridors which impeded independent mobility of residents who required the handrails.

Judgment: Substantially compliant

## Regulation 26: Risk management

The provider maintained risk management policies and robust accident and incident reporting and reviewing.

On the day of inspection, the provider had not yet completed measures to reduce the risk related to a large amount of equipment being stored in corridors and alcoves

Judgment: Substantially compliant

## Regulation 27: Infection control

Clear procedures and practices were in effect relating to managing infection control risks.

Judgment: Compliant

## Regulation 28: Fire precautions

Improvement was required to fire drill records to identify the evacuation time of residents in a compartment based on dependencies and resources so as to ensure they remained sufficient for efficient evacuation.

A small number of bedroom doors were seen held open with armchairs. This was also identified in drill records.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

Care planning and guidance related to managing pressure related skin injuries required improvement.

There were gaps in evidence that residents and their relatives had been consulted in care plan review.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had access to appropriate medical care, general practitioners, and allied health and support services where required.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Staff were trained and had good knowledge in reacting to and de-escalating incidents of responsive behaviour.

Strategies were in place to aim to reduce the use of restrictive practices and to use less restrictive alternatives where possible.

Judgment: Compliant

## Regulation 8: Protection

The provider had taken measures to protect residents from abuse. Staff were appropriately trained and knowledgeable in identifying and responding to actual or suspected incidents of abuse. Safeguards were in place for protecting residents' finances.

Judgment: Compliant

## Regulation 9: Residents' rights

The layout and space in a number of twin bedrooms did not allow residents to be cared for or assisted in bed without disturbing the bed space of the neighbouring resident.

The provision and recording of recreation activities required review to ensure that activities in accordance with residents' interests, preferences and capacities were maintained on weekends and days when the activities coordinator was not on duty. This included support for residents with dementia or those being cared for in bed during the day.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	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	Not compliant

# Compliance Plan for Sligo Nursing Home OSV-0000363

Inspection ID: MON-0022263

Date of inspection: 10/10/2018

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Care plans and fluid balance charts will include an indication of the recommended quantity and optimal fluid intake for those residents with identified dietary or hydration risks.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The auditing and monitoring systems provide insight into all aspects of resident care and improvements will be identified, implemented and evaluated as required. All care plans will be developed in consultation with residents.</p> <p>All residents will have an assessment of skin integrity, using an evidence-based assessment tool. There will be an individual and specific plan of care for those residents with a pressure ulcer.</p> <p>A designated space to facilitate the safe storage of personal assistive equipment has been created on each floor.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  A storage room has been created on each floor to facilitate storage of equipment such as hoists, wheelchairs and other items of assistive equipment. Shelving has been incorporated into each room to further facilitate safe and appropriate storage of equipment.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:  Measures to reduce risk related to equipment being stored in corridors has been undertaken and this risk is now significantly reduced because a storage room has been identified on each floor in order to safely store personal assistive equipment; shelving has been incorporated to facilitate the safe and appropriate storage of equipment.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  Fire drills records will include evacuation time of individual compartments, taking into consideration the dependencies of residents to ensure efficient, timely evacuation.</p> <p>All bedroom doors are now fitted with Door guards and the practice of holding doors open with armchairs has been eliminated.</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:  Care plans will be developed in consultation with residents within 48hrs of admission. An assessment of each resident's skin integrity will be completed, and the care plan will include specific interventions to maintain skin integrity. There will be a care plan to</p>	

address the management of pressure-related skin injuries where necessary, which will guide staff in complying with recommended best practice in accordance with national wound care guidelines.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Prior to admission to a twin room, residents will be assessed to ensure that their care needs can be met without disturbing the bed space of the neighbouring resident.

The activities programme has been reviewed to take into consideration each resident's preferences, interests and capacity. With the introduction of the Social Care Practitioner role to the Nursing Home, activities will be provided 7 days a week and will include support for those residents with dementia or the residents who require to be cared for in bed during the day.

## 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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	05/12/2018
Regulation 21(1)	The registered provider shall 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.	Substantially Compliant	Yellow	31/01/2019
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	31/01/2019

	consistent and effectively monitored.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	05/12/2018
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.	Substantially Compliant	Yellow	31/01/2019
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	11/10/2018
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's	Substantially Compliant	Yellow	31/01/2019

	admission to the designated centre concerned.			
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	31/01/2019
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/01/2019
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/03/2019