

eDeposit Ireland

Heatherfield Nursing Home, Bush Lane, Raynestown, Dunshaughlin, Meath.

Item Type	report
Authors	McCague, Sonia;Kennedy, Siobhan
Citation	Sonia McCague, Siobhan Kennedy, 'Heatherfield Nursing Home, Bush Lane, Raynestown, Dunshaughlin, Meath.', [report], Health Information and Quality Authority, Compliance monitoring inspection report (Ireland. Health Information and Quality Authority. Regulation Directorate). Designated centres under Health Act 2007, as amended., 2014-07
Publisher	Health Information and Quality Authority
Download date	2026-05-10 11:55:58
Link to Item	https://hdl.handle.net/20.500.14765/70553

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Heatherfield Nursing Home
Centre ID:	ORG-0000140
Centre address:	Bush Lane, Raynestown, Dunshaughlin, Meath.
Telephone number:	01 825 9354
Email address:	heatherfieldnursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	J & N SHERIDAN LIMITED
Provider Nominee:	Noreen Sheridan
Person in charge:	Geraldine Slattery
Lead inspector:	Sonia McCague
Support inspector(s):	Siobhan Kennedy;
Type of inspection	Unannounced
Number of residents on the date of inspection:	30
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 11 March 2014 10:30 To: 11 March 2014 15:00

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

Outcome 07: Health and Safety and Risk Management

Outcome 12: Safe and Suitable Premises

Outcome 16: Residents Rights, Dignity and Consultation

Summary of findings from this inspection

This inspection was unannounced and focused primarily on the premises following receipt of information from the provider along with a proposal outlining a plan to reconfigure and extend the designated centre. The provider and person in charges' responses to the last action plan following an inspection carried out 28 May 2013 were also considered along with unsolicited information received and notifications submitted to the Authority.

Inspectors met with the provider nominee and person in charge who accompanied inspectors to inspect the premises. Both, along with the person participating in the management of the centre, were present at feedback at the end of this inspection. Inspectors were informed there were 29 residents in the centre and one resident was in hospital. The person in charge was the nurse on duty, with a team of care and catering staff.

Actions required from previous inspections can be located on www.hiqa.ie and many actions associated with the premises and management of risks remained outstanding since the previous registration inspection November 2011. Action required in outcomes eight and nine following the last inspection were addressed. Signatures of staff members who administer medicines to residents were maintained and notifications had been submitted as required. However, while some issues in outcomes seven, 12 and 16 were addressed relating to ill fitting doors, rust on radiators, use of double adapters and accessibility of call bells to residents, many actions required within these outcomes remained outstanding and were primarily associated with the premises layout and design and combined risks.

While consideration had been given to deficiencies within the premises highlighted in previous inspection reports, the draft proposals and plans submitted to the Authority

to meet the requirements of the care and welfare regulations and standards had not been finalised. Following discussions and inspection of the designated centres' premises with the provider nominee and person in charge, inspectors confirmed that the proposed internal reconfiguration and adaptations for the existing premises submitted December 2013 had since changed and consideration regarding extending the designated centre into an adjoining premise while retaining existing resident numbers had not been finalised or sufficiently considered within the overall plan.

As a result, the provider nominee and person in charge agreed to make appropriate arrangements in order to submit written, explicit, costed plans with timescales for completion, in accordance with the Authorities standards and regulatory notice issued April 2013, which was subsequently re-issued to the provider in January 2014 and was acknowledged by the person in charge. It was agreed that on receipt of this information a meeting would be facilitated to discuss developments, proposals and plans when finalised.

Aspects of the premises physical design and layout which did not sufficiently meet the requirements of the care and welfare regulations and standards are outlined within the report and in the action plan.

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

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

Matters arising on previous inspections remained outstanding and are restated in this action plan.

The following risks identified required assessment and action to control and mitigate risks:

Accident prevention

- the centre does not have a passenger/service lift between floors to support residents mobility and transport equipment
- the chair lift servicing the only internal stairwell between the first and ground floor resulted in restricted access and limited use to one person at any time on the stairs
- the provision of handrails remained limited in circulation areas and on the first floor corridor
- the door of one bathroom on the ground floor opened out into a main corridor of reception, the door was heavy and difficult to negotiate for residents independently

Infection control

- inspectors observed staff transport an insert/basin from a commode from the first floor down the stairwell, through the main reception and along a corridor to access the existing ground floor sluice room. Inspectors raised concern regarding infection control and potential hazards associated with this practice
- storage facilities were limited in parts and as outlined in the previous response, trolleys were inappropriately stored in the sluice room which may pose a risk of infection/cross contamination
- the laundry room had one entrance system with no available space within to provide a separate sorting area for clean linen before it is taken out to the ironing room located along the corridor posing a risk of infection/cross contamination

Fire safety

- there was a lack of compartments on the first floor and between the ground and first floor; and the alternative means of escape for residents on the first floor was by an

external metal fire escape that was not protected/sheltered from the elements

Judgement:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

Overall inspectors found that while the centre was clean, warm, homely and well maintained However, aspects of the premises physical design and layout do not sufficiently meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The following matters and those arising on previous inspections had not been sufficiently addressed and are restated in the action plan.

Deficiencies identified included the following which required action and improvement to meet regulatory requirements:

- the size and layout of bed spaces within shared rooms (one 4 bedded room and one three bedded room on the ground floor, and twin rooms on both floors) occupied and used by residents did not promote privacy, had sky-light windows and/or did not have an adequate outlook/view
- restricted space in some shared bedrooms may hamper individual use of equipment for all residents such as individual furniture, support equipment and mobility aids, armchair and television for all within or those visiting
- due to the close proximity of beds in some rooms the ability to undertake activity in private may be compromised and behaviour of some residents or persons visiting may impact on those residing within
- noise and odours within communal areas and transport via communal areas may impact on others within the shared environment
- up to 17 residents were accommodated on the first floor and their reported dependency levels on the day of inspection were - six residents had high dependency needs; four had medium dependency needs and seven had low dependency needs. The majority of resident were in the sitting room on the ground floor at the commencement

of this inspection. On inspection inspectors raised concern with the provider nominee and person in charge that first floor corridors were narrow which may result in difficulty when negotiating support/bulky equipment if/when needed. Inspectors were informed by the person in charge that residents on the first floor did not require support or bulky equipment such as hoists or modified chairs and that the width of the corridor and access from corridors into residents' bedroom was not a problem for current residents, therefore inspectors did not test this at this time. Inspectors raised concern in relation to increase in dependency and discussed the likelihood that dependency needs of existing and prospective residents would increase and questioned the sustainability of residents with primarily low and medium dependency levels on the first floor as realistic or sustainable condition in the long term

- dining room space was limited. Three tables set with 12 chairs was observed and this room was unable to cater for 30 residents at the same time
- the centre does not have a passenger/service lift between floors to support residents mobility and transport equipment
- the provision of handrails remained limited in circulation areas and on the first floor corridor
- the chair lift servicing the only internal stairwell between the first and ground floor resulted in restricted access and limited use to one person at any time on the stairs
- the door of one bathroom on the ground floor opened out into a main corridor of reception, the door was heavy to negotiate and the arrangement of furniture and fittings within required review as an assistive bathroom. The tiled floor and shower base within were flush with the main corridor. Inspectors raised concern regarding drainage of shower water or potential leakage into the corridor. The person in charge told inspectors this had not been a problem and that the arrangement of furniture and fittings within would be improved in the new proposals
- the sluice was located on the ground floor and none of the existing or proposed bedrooms had en suite facilities. A sluice facility was not available on the first floor and during the inspection inspectors observed staff transport an insert/basin from a commode from the first floor down the stairwell, through the main reception and along a corridor to access the existing ground floor sluice room. Inspectors raised concern regarding infection control and potential hazards associated with this practice, as outlined in outcome 7
- ventilation in and between bathrooms required review to ensure adequacy
- storage facilities were limited in parts and as outlined in the previous response, trolleys were inappropriately stored in the sluice which may pose a risk of infection/cross contamination
- toilets independent from bathrooms was not available and access to toilet facilities may be restricted in the event that the bathroom/shower is in use/occupied.

Judgement:

Non Compliant - Moderate

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

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

Findings:

As previously reported, inspectors noted that the privacy of residents in some of the bedrooms located on the ground floor could be compromised as there was a clear view into these bedrooms from outside the premises where cars were parked.

As outlined in outcome 12, due to the close proximity of beds in some rooms the ability to undertake activity in private may be compromised and behaviour of some residents or persons visiting may impact on those residing within. Noise and odours within communal areas may impact on others within the shared environment.

Judgement:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of 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 report¹

Centre name:	Heatherfield Nursing Home
Centre ID:	ORG-0000140
Date of inspection:	11/03/2014
Date of response:	16/04/2014

Requirements

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

Outcome 07: Health and Safety and Risk Management

Theme:

Safe Care and Support

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

The centre does not have a passenger/service lift between floors to support residents mobility and transport equipment.

Action Required:

Under Regulation 31 (4) (d) you are required to: Provide a lift where residents are maintained on two, or more, floors.

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

The Centre has a chair lift.

The Centre is seeking to provide a passenger lift when the extensive re development of the Centre takes place

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

Proposed Timescale: 01/07/2014

Theme:

Safe Care and Support

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

The provision of handrails remained limited in circulation areas and on the first floor corridor.

Action Required:

Under Regulation 31 (4) (b) you are required to: Provide handrails in circulation areas and grab-rails in bath, shower and toilet areas.

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

A request was made to put a handrail in place at the top of the stairs on the previous inspection. This handrail was in place on the date of inspection.

Further handrails can be provided when alterations are being made to the Centre.

Proposed Timescale: 01/07/2014

Theme:

Safe Care and Support

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

The door of one bathroom on the ground floor opened out into a main corridor of reception, the door was heavy and difficult to negotiate for residents independently.

Inspectors observed staff transport an insert/basin from a commode from the first floor down the stairwell, through the main reception and along a corridor to access the existing ground floor sluice room. Inspectors raised concern regarding infection control and potential hazards associated with this practice.

Storage facilities were limited in parts and as outlined in the previous response, trolleys were inappropriately stored in the sluice room which may pose a risk of infection/cross contamination.

The laundry room had one entrance system with no available space within to provide a separate sorting area for clean linen before it is taken out to the ironing room located along the corridor posing a risk of infection/cross contamination.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

Said door will be replaced - 01/06/2014

A new sluice room will be located on the first floor

The storage areas will be increased

A door will be placed exiting onto the Ironing room

Proposed Timescale: 01/07/2014

Theme:

Safe Care and Support

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

There was a lack of compartments on the first floor and between the ground and first floor; and the alternative means of escape for residents on the first floor was by an external metal fire escape that was not protected or sheltered from the elements.

The chair lift servicing the only internal stairwell between the first and ground floor resulted in restricted access and limited use to one person at any time on the stairs.

Action Required:

Under Regulation 32 (1) (c) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires; giving warnings of fires; the evacuation of all people in the designated centre and safe placement of residents; the maintenance of all fire equipment; reviewing fire precautions, and testing fire equipment, at suitable intervals.

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

The Centre is compliant with fire Regulations and has a Certificate proving same and signed by a Consultant Fire Engineer.

All staff are trained regarding fire drills and use of Fire prevention equipment as per the Centres Fire Plan.

Proposed Timescale: 15/04/2014

Outcome 12: Safe and Suitable Premises

Theme:

Effective Care and Support

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

The size and layout of the dining room was unable to cater for 30 residents.

Action Required:

Under Regulation 19 (3) (g) part 4 you are required to: Provide adequate dining space

separate to the residents private accommodation.

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

The dining room will be able increased in size

Proposed Timescale: 01/07/2014

Theme:

Effective Care and Support

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

The sluice was located on the ground floor and none of the existing or proposed bedrooms had en suite facilities. A sluice facility was not available on the first floor where 17 residents reside and during the inspection inspectors observed staff transport an insert/basin from a commode from the first floor down the stairwell, through the main reception and along a corridor to access the existing ground floor sluice room. Inspectors raised concern regarding infection control and potential hazards associated with this practice.

Action Required:

Under Regulation 19 (3) (k) you are required to: Provide necessary sluicing facilities.

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

A sluice room will be located on the first floor

Proposed Timescale: 01/07/2014

Theme:

Effective Care and Support

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

Storage space was limited throughout.

Action Required:

Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

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

Increased storage place will available following the alterations to the Centre

Proposed Timescale: 01/07/2014

Theme:

Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Ventilation in and between bathrooms on the ground floor required review to ensure adequacy.

Action Required:

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

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

Increased ventilation shall be provided with a larger ventilation hole

Proposed Timescale: 01/07/2014

Theme:

Effective Care and Support

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

Due to restricted space in some shared bedrooms individual use equipment for all residents could not be facilitated for all residents.

Action Required:

Under Regulation 19 (3) (h) you are required to: Provide suitable communal space for residents for the provision of social, cultural and religious activities appropriate to the circumstances of the residents.

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

Furniture in said rooms shall be re arranged to facilitate individual use equipment for all residents.

Proposed Timescale: 01/07/2014

Theme:

Effective Care and Support

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

Toilets independent from bathrooms was not available and access to toilet facilities may be restricted in the event that bathroom/showers are in use or occupied.

Action Required:

Under Regulation 19 (7) (b) part 2 you are required to: Provide a sufficient number of toilets which are designed to provide access for residents in wheelchairs, having regard to the number of residents using wheelchairs in the designated centre.

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

Increased toilet facilities will be provided

Proposed Timescale: 01/07/2014

Theme:

Effective Care and Support

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

Due to the close proximity of beds in some rooms the ability to undertake activity in private may be compromised and behaviour of some residents or persons visiting may impact on those residing within. Noise and odours within communal areas may impact on others within the shared environment.

Action Required:

Under Regulation 19 (3) (i) you are required to: Provide suitable facilities for residents to meet visitors in communal accommodation and a suitable private area which is separate from the residents own private rooms.

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

An additional private room shall be provided

Proposed Timescale: 01/07/2014

Theme:

Effective Care and Support

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

Up to 17 residents were accommodated on the first floor and their reported dependency levels on the day of inspection were - six residents had high dependency needs; four had medium dependency needs and seven had low dependency needs. The majority of resident were in the sitting room on the ground floor at the commencement of this inspection. On inspection inspectors raised concern with the provider nominee and person in charge that first floor corridors were narrow which may result in difficulty when negotiating support/bulky equipment if/when needed. Inspectors were informed by the person in charge that residents on the first floor did not require support or bulky equipment such as hoists or modified chairs and that the width of the corridor and access from corridors into residents' bedroom was not a problem for current residents, therefore inspectors did not test this at this time. Inspectors raised concern in relation to increase in dependency and discussed the likelihood that dependency needs of existing and prospective residents would increase and questioned the sustainability of residents with primarily low and medium dependency levels on the first floor as realistic or sustainable condition in the long term.

Action Required:

Under Regulation 19 (1) you are required to: Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.

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

A new passenger lift shall be provided to facilitate easy access to the first floor

A fold up hoist is easily transported via the chair lift presently to the first floor. This hoist can be accomadated in all rooms.

Proposed Timescale: 01/07/2014

Theme:

Effective Care and Support

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

The size and layout of bed spaces within shared rooms (one 4 bedded room and one three bedded room on the ground floor, and twin rooms on both floors) occupied and used by residents did not promote privacy, had sky-light windows and/or did not have a outlook/view.

Due to restricted space in some shared bedrooms individual use of equipment for all residents within or those visiting may be hampered.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

These rooms will no longer be in use following the alterations to the building.

Proposed Timescale: 01/07/2014

Theme:

Effective Care and Support

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

The centre does not have a passenger/service lift between floors to support residents mobility and transport equipment.

The provision of handrails remained limited in circulation areas and on the first floor corridor

The chair lift servicing the only internal stairwell between the first and ground floor resulted in restricted access and limited use to one person at any time on the stairs.

One toilet/ bathroom door was heavy to negotiate independently.

Action Required:

Under Regulation 19 (3) (n) you are required to: Make suitable adaptations, and

provide such support, equipment and facilities, including passenger lifts for residents, as may be required.

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

The Centre has a chair lift.

The Centre is seeking to provide a passenger lift when the extensive re development of the Centre takes place

Proposed Timescale: 01/07/2014

Outcome 16: Residents Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Inspectors noted that the privacy of residents in some of the bedrooms located on the ground floor could be compromised as there was a clear view into these bedrooms from outside the premises where cars parked.

Due to the close proximity of beds in some rooms the ability to undertake activity in private may be compromised and behaviour of some residents or persons visiting may impact on those residing within. Noise and odours within communal areas may impact on others within the shared environment.

Action Required:

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

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

Blinds are being provided in said bedrooms

Every effort shall be made to observe the privacy and dignity of residents as per our Privacy & Dignity policy

Proposed Timescale: 14/06/2014