

Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act
2007



Centre name:	Howth Hill Lodge
Centre ID:	142
Centre address:	Thormanby Road
	Howth
	Co Dublin
Telephone number:	01-8391440
Fax number:	01-8391497
Email address:	howthhilllodge@gmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Brymore House Ltd
Person authorised to act on behalf of the provider:	Nicola Taylor
Person in charge:	Bette Ann Fryer
Date of inspection:	13 and 14 September 2011
Time inspection took place:	Day 1 Start: 09:50 hrs Completion: 18:15 hrs Day 2 Start: 09:30 hrs Completion: 17:30 hrs
Lead inspector:	Leone Ewings
Support inspector(s):	Sheila McKeivitt
Type of inspection:	<input checked="" type="checkbox"/> Registration <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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.

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.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

The centre is located on the main road from Howth village to Howth Head, overlooking the bay and coastline, and is serviced by several city bus routes.

Howth Hill Lodge Nursing Home is a two-storey split level building with capacity for 49 residents. Categories of care include care of the older person, residents with dementia, and convalescent/respice care.

All residents' accommodation is situated on the ground floor. Level access is in place throughout the centre with some ramps on corridors.

Accommodation includes 33 single bedrooms of which 28 have shower/bath and toilet en suite and eight twin bedrooms of which three have shower and toilet en suite.

Other facilities on the ground floor include reception hall, one dining room, sitting room, conservatory, person in charges' office, nurses' office, main kitchen, breakfast kitchenette, four assisted shower/bathrooms which include assisted toilets, three assisted toilets and a sluice room.

The lower ground floor contains staff changing and toilet facilities, cleaners' room, administration office, staff quarters and laundry. There is a small enclosed courtyard and a rear garden which residents can access, and ample car parking for staff and visitors to the front and side of the building.

Date centre was first established:			1999	
Number of residents on the date of inspection:			41	
Number of vacancies on the date of inspection:			8 (*2 twin rooms currently used as singles)	
Dependency level of current residents:	Max	High	Medium	Low
Number of residents	12	11	10	8
Gender of residents			Male (✓)	Female (✓)
			✓	✓

Management structure

The Provider is Brymore House Ltd. The nominated person on behalf of the provider is Nicola Taylor. The person in charge is Bette Anne Fryer, she is supported by two clinical nurse managers. Nursing and care staff are supervised by the nurse managers. All staff including ancillary, catering and maintenance staff report directly to the person in charge. The person in charge reports to the provider who is closely involved with the day-to-day running of the centre and lives locally. A company administrator deals with ordering, wages and relatives financial queries for both Howth Hill Lodge and Brymore House nursing homes.

Summary of 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*.

The findings of the registration inspection are set out under 18 outcome statements. These outcomes set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act 2007.

Inspectors met with residents, relatives, and staff members over the two day inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Separate fit person interviews were carried out with the provider and the person in charge, both of whom had completed the Fit Person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

Inspectors found the centre to be a homely and well organised centre. While a number of areas for improvement were identified, overall inspectors found that the provider / person in charge met 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 2009*. The provider had developed the management team and implemented processes to ensure the delivery of services to residents in a consistent and safe manner.

Inspectors found the services and facilities outlined in the statement of purpose were reflected in practice and met the needs of the residents including those with a cognitive impairment were met. Some improvements were required with regard to information about additional charges for residents. The health needs of residents were also well met and the quality of residents' lives was enhanced by the provision of interesting things for them to do. An ethos of respect and dignity for both residents and staff was evident.

Section 50 (1) (b) 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*.

1. Statement of purpose and quality management

Outcome 1

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

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings

Inspectors were satisfied that the statement of purpose accurately described the service that was provided in the centre and met most of the requirements of Schedule 1 of the (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Improvements in the statement of purpose had taken place following the last monitoring inspection, which took place on 28 July 2010. However, the additional charges were not fully described on the statement of purpose or residents' guide.

Inspectors observed that the service's capacity to meet the needs of residents, as stated in the statement of purpose, was reflected in practice. In particular inspectors noted that care was provided in such a manner as to enable choice and to ensure "kindness and caring always underpinning our approach" as described in the statement of purpose. This was confirmed by residents and relatives to inspectors throughout the day and in their comments in the resident and relative questionnaires submitted to the inspectors. One relative commented that the service was "supportive, accommodating and informative" while many others referred to the skills of the staff and the high standard of communication with each resident and relatives.

The statement was kept under review by the provider and was made available to residents on admission, and following review. A recommendation was made to the provider to make the organisational structure of the centre visible in a diagram format on the document, and submit an updated version to the Authority for review.

Outcome 2

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

The provider and the person in charge told inspectors they sought informal feedback from residents on a regular basis. The person in charge was involved with actively getting feedback from residents on activities and quality of the service provided. Informal and formal means were used. However, the level of response to formal methods was poor, two residents responded and the person in charge raised the issues at the next residents meeting. It was not possible to undertake a detailed analysis on the written feedback surveys completed and the survey of male residents relating to provision of activities. For example, the arts and crafts teacher was to provide a specific craft and painting session using the interests and hobbies of the men living at the centre. However, this planned session did not take place on 5 September 2011.

Risk assessments of the premises undertaken last year indicated issues with hot radiators not guarded, and the ramps in the corridors, and these were risk rated as a medium risk, and not addressed immediately. Relatives and residents also identified the ramps on corridors as a hazard in the pre-inspection questionnaires. The provider told inspectors she would take immediate steps to review the ramps and radiators.

Overall, further work was required to meet the legislative requirements. Other ways and methods of obtaining feedback are required to continue to meet the ongoing needs of the residents living at the centre.

Outcome 3

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings

Inspectors reviewed the complaints management policy and procedures and found substantial compliance. The person in charge was identified as the complaints officer. She described her role and explained records were held of any issues or complaints raised. Records were reviewed by inspectors and found to be addressed in a full and complete manner. However a record of whether or not the resident/complainant was satisfied with the outcome of the complaint was not maintained. The person in charge told inspectors that all complaints were addressed in full when they arose.

The complaints policy was displayed in a prominent place and was summarised in the residents' guide and the statement of purpose. Details of how to contact independent advocacy services were outlined in the statement of purpose.

2. Safeguarding and safety

Outcome 4

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

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Inspection findings

Inspectors found measures were found to be in place to protect residents from being harmed or suffering abuse. However, some improvements were required to meet the regulatory requirements.

Residents spoken to confirmed to inspectors that they felt very safe in the centre. They primarily attributed this to the management and staff being available to them, if they had a concern and to the fact that they received a high standard of care. Staff and residents spoken to by inspectors confirmed that the person in charge and management were available to them on a regular basis.

A centre-specific policy was available. The person in charge and a number of staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. There had been no reports or allegations of abuse received by the Authority since the last inspection. However, only six staff had signed the record of reading the policy. The provider maintained training records and three recent sessions took place, training 23 out of the 48 staff working at the centre. The records of the staff trained in elder abuse awareness were not fully maintained.

The provider did not manage residents' finances. Additional charges for laundry services were not clearly stated in the contract of care as outlined in outcome 10. The provider agreed to address this issue immediately.

Outcome 5

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

References:

Regulation 30: Health and Safety

Regulation 31: Risk Management Procedures

Regulation 32: Fire Precautions and Records

Inspection findings

Overall, inspectors found that the provider and person in charge promoted good practice in relation to health and safety and the management of risk. All staff had received manual handling training. Residents and relatives told inspectors that they all felt safe in the building.

There was an emergency plan in the centre. This gave clear direction to staff on what to do if the in the event of any emergency residents' needed to be evacuated from the centre. Arrangements were in place with a local designated centre and staff were knowledgeable about discussing the contents of the emergency plan.

Measures were in place to prevent accidents and facilitate residents' mobility, including safe and appropriate floor covering. A small passenger lift was in place to the lower floor and handrails were provided to promote independence.

The provider had developed a risk management policy to inform practice and there was an up to date health and safety statement in place. However, the findings had not yet been fully implemented. For example, a risk management review had taken place and issues were identified with hot radiators and the use of ramps at the centre. The provider undertook to address these immediately and engaged a plumber to address the issues with hot radiators. They provided suitable guarding and new radiator. Inspectors reviewed photographic and written evidence submitted by the provider on 30 September 2011 and found the response to be satisfactory to this issue. Records of radiator temperature checks taken daily were also found to be satisfactory. The provider told inspectors she would review measures to address the graduation of the ramps in place at the premises.

Measures were in place to control and prevent infection, including arrangements in place for the segregation and disposal of waste, including clinical waste. Staff had received training in infection control. They had access to supplies of gloves, disposable aprons, facilities to wash and dry their hands at each wash hand sink and they were observed using the alcohol disinfectant hand gels which were available throughout the centre. A bedpan washer found to be available to use in the recently upgraded sluice room.

A review of fire records showed that all fire safety equipment, including the fire alarm and emergency lighting had been serviced at appropriate intervals. The Authority on application for registration had received written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with. Fire safety and evacuation training took place regularly. Records of fire training for all staff had been maintained. Records of clinical incidents relating to medication management were held in a folder called "complaints/incident". However, no evidence of review and feedback to learning of relevant staff was recorded.

Outcome 6

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

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings

Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded twice daily, by two nurses and recorded in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. There were appropriate procedures for the handling and disposal for unused and out of date medicines. However, some improvements around the documentation and audit of medication practice by the person in charge were identified.

Following the review of medication administration charts by inspectors, they met the requirements of the legislation. The medication administration policy was found to be centre specific and evidence based. However, there was no centre specific policy in place for medication disposal to guide the practice of staff.

Practices relating to administration of medication were observed to be safe, and a documented audit of administration took place. The role of auditing medication management was allocated to the person in charge and pharmacist and found to be adequate. Comprehensive audit of the policy and procedures in line with best practice guidelines was in place. However, follow up and learning from medication any error was not fully reviewed by the person in charge. The medication policy promoted the independence of residents and autonomy to self medicate. However, the details of how the assessment of a residents capacity to self medicate was not fully detailed using evidence based tools.

Records of clinical incidents relating to medication were also held in a folder, called "complaints/incidents". However, no evidence of review and feedback to learning of all staff was in place.

3. Health and social care needs

Outcome 7

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection

Regulation 8: Assessment and Care Plan

Regulation 9: Health Care

Regulation 29: Temporary Absence and Discharge of Residents

Standard 3: Consent

Standard 10: Assessment

Standard 11: The Resident's Care Plan

Standard 12: Health Promotion

Standard 13: Healthcare

Standard 15: Medication Monitoring and Review

Standard 17: Autonomy and Independence

Standard 21: Responding to Behaviour that is Challenging

Inspection findings

Inspectors found a good standard of evidenced-based nursing care and appropriate medical and allied health care. Residents were assessed and had care plans in place, which were updated to meet their changing needs.

Residents had access to general practitioner services in a timely and appropriate manner. The provider/person in charge had ensured there was access to other allied health services such as physiotherapy, occupational therapy and chiropody. As there were difficulties accessing these services through the local community services, she had sourced private services that could be utilised by residents. She had also employed a physiotherapist to work at the centre who was on leave on the day of the inspection. Chiropody services were also available and there were records were maintained of residents who availed of this service from the HSE or privately.

Inspectors reviewed a number of residents' care plans. Inspectors found that the person in charge, and nursing staff had a good understanding of the assessment, care planning and evaluation process. There was a comprehensive assessment completed for each resident, which was updated at least three-monthly. Risk assessments for falls, nutrition, pressure ulcer development and pain were in place.

Inspectors found that many residents and relatives were aware of their care plan. Inspectors saw evidence of consultation about the care plan on admission.

Inspectors found that behaviour that challenges was well managed. Inspectors found that residents who displayed behaviour that challenged had risk assessments in place, precipitating factors were identified and appropriate action plans to alleviate the behaviour were developed. Staff were well informed and sensitive about how to alleviate the behaviours when necessary. Inspectors saw evidence of appropriate referral to psychiatric and geriatrician services for evaluation and support in managing the behaviours when necessary.

Inspectors reviewed care plans relating to wound management and found evidence of good practice. Wounds were assessed and appropriate wound management care plans in place. Inspectors found that pressure relieving mattresses, which were at the correct settings, were in place for those residents at risk of developing pressure ulcers.

Inspectors saw a comprehensive activity schedule informed by the results of assessment including assessment of each resident's likes and dislikes. A local artist provided art and craft classes to residents and artwork was also seen displayed on the walls of the centre. Inspectors also saw activities provided for residents with a cognitive impairment such as SONAS, which offers a form of sensory stimulation. Many residents and relatives told inspectors about the wide variety of activities on offer. Residents said they enjoyed the activities, and mentioned the cinema night and the music sessions. Residents said they enjoyed both the group activities and time spent alone reading the newspapers, knitting and reading. Many residents said that visits from family and friends were important to them and relatives said these visits were encouraged and they always felt welcomed.

Outcome 8

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:

Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings

The centre was found to be substantially compliant with this outcome. There was a detailed end of life policy available. A review showed it included all aspects of end of life care. Residents care plans included their end of life preferences including their religious and spiritual needs. Residents had the option to attend religious services and/or group prayers/rosary held regularly. Visits took place from members of the Legion of Mary to the centre.

The person in charge informed inspectors that they accommodated residents receiving end of life care in a single bedroom if at all possible and in line with the residents' wishes.

Residents were referred to the local palliative home care team to advise on and support symptom management. They visited residents in the centre on an individual basis and worked with nursing and medical staff to meet any palliative care needs.

Outcome 9

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings

Overall, residents received a nutritious and varied diet that offered choice. The main dining room was large and homely with tables to seat residents in groups of four and five. Tables were nicely set with cutlery, flowers and condiments. The residents had choice for all meals including lunch and tea and as observed by the inspector the experience was relaxed with good interaction between staff and residents. Residents who needed support were assisted respectfully while others were allowed to maintain their independence in an unhurried manner.

Residents informed the inspector that they enjoyed the food, had ample amounts and would be facilitated if they had particular choices. Residents' dietary requirements, such as modified diets, nutritional additives, low sodium and low fat foods and residents' food preferences are discussed on admission and this was relayed to the catering staff. The information was recorded in the kitchen so all staff are aware of the details. The food was observed to be freshly cooked, with fresh vegetables, fruit and home baking evident. Soup and other snacks were observed being served to residents at various times. Fresh drinking water and other juices were observed and available for self-service from each table. Storage of frozen foods was in place on the lower ground floor away from the main kitchen. This had been discussed with the environmental health officer from the Health Service Executive and this matter had been discussed, following a recent inspection in August 2011. The inspector requested a copy of the report (when available).

Residents could choose where they had their daily meal. Staff were available to assist those who required assistance with their lunch. Inspectors saw staff sitting with these residents and assisting them respectfully in the dining rooms. Staff in the kitchen plated the main course. Staff asked residents if they were satisfied with their meal and offered them tea or coffee afterwards.

Staff were observed bringing some residents their meal to their bedroom. These residents were served their meal on a tray, which was set appropriately. Residents confirmed they could obtain their meals in their rooms on request.

A smaller breakfast kitchen near the day room was used at breakfast time. Staff routinely accessed this kitchen without protective clothing and this was a potential infection prevention and control risk. The provider undertook that only staff trained in food hygiene, and appropriately attired would serve food from the kitchen, which included cooking of eggs and other choices of breakfast foods to residents at breakfast time.

Staff regularly offered drinks and snacks to residents throughout the day. Residents told inspectors that they could have tea or coffee and snacks any time. They expressed complete satisfaction with the food served to them and all those spoken with confirmed the food was always good.

Nutrition assessments were used to identify residents at greater risk of malnutrition and those at risk were reviewed by their general practitioner and when required by a dietician. The person in charge confirmed that for the residents who required dietetic assessment or follow up in the acute setting or community setting could be facilitated to get appointments both on a public and private basis.

On the first day of the inspection at lunchtime, some residents were observed waiting some length of time at the table prior to service of food. A small number of residents refused the food and were then offered alternatives. The provider and the person in charge felt the service was unusually slow, and staff were concerned about the presence of inspectors in the dining room, but agreed to review service methods employed, and provision of meals, and the mealtime experience for residents who may be cognitively impaired.

4. Respecting and involving residents

Outcome 10

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

Inspectors reviewed the contracts and found that not all residents had an up to date contract in place. On further discussion with the administrative staff inspectors were told that all residents or their representative had been issued with a contract but many had not returned them. The contract set out the overall services to be provided and the fees to be charged. The contract also outlined those services that may be provided at an additional fee but the actual fee for these additional services was not included in the contract. This was discussed with the provider/person in charge who said that the cost of additional services varied depending on the service required and the frequency of the service.

The provider explained how any such additional cost was discussed with each resident or his or her representative prior to engaging the service. The inspector explained that this was not clear from the records and contracts reviewed by the inspector. Particular to this issue was optional laundry charges being applied to 16 residents.

Outcome 11

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

References:

Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Inspection findings

Inspectors found that residents were cared for in a dignified and respectful way that protected their privacy. Inspectors observed good interactions between staff and residents who chatted with each other in a comfortable way. Residents said they could talk to staff at any time. Relatives said they felt well informed and were kept up-to-date about the residents' healthcare and general well being.

Inspectors heard staff speaking to residents and noted it was appropriate and respectful. Staff knocked before entering residents' bedrooms and waited for permission before entering.

A residents' committee was in place to seek feedback from residents and to make suggestions for improvements to the service. Inspectors read the minutes of the recent meetings, which recorded the issues discussed such as the upcoming registration inspection, food and laundry.

Staff were knowledgeable about residents' preferred daily routines and residents confirmed they had flexibility and choice around their daily activities. Inspectors also saw that communication aids, were available to assist staff to communicate with residents with communication difficulties. Relatives confirmed to inspectors the high standard of communication at the centre between staff and relatives.

Residents' civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote at the recent election.

Mass was celebrated and several residents commented on how important this was to them. The person in charge said that residents from all religious denominations were supported to practice their religious beliefs.

A policy statement on provision of information to residents was reviewed and required revision and additions to meet the requirements of the legislation. Inspectors recommended that the centre review the use of name badges or other methods of letting residents and relatives know staff names, as some residents were did not know the names of some of the staff working at the centre.

Outcome 12

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Inspection findings

There was a system in place that ensured the regular laundering and safe return of linen and clothing to residents. Each resident's wardrobe and clothing was stored appropriately. However, staff at the centre did not maintain an up to date list of resident's belongings and clothing.

The laundry room was well equipped and recently upgraded. Relatives on admission marked clothing and all residents' clothes were folded and returned to the resident's rooms. Overall residents and relatives expressed satisfaction with the service provided and the safe return of their clothes to them.

However, some relatives told inspectors that they were not fully satisfied with the laundry arrangements and preferred to do the laundry themselves. A weekly external laundry service was in place for 16 residents with additional charges of €60.00 per month. The laundry was collected each week and laundered and returned to the resident. The provider had made individual arrangements for this service but this was not reflected in the resident contract of care as outlined in outcome 10.

5. Suitable staffing

Outcome 13

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Inspection findings

The post of person in charge was full time and held by a registered nurse with the required experience as required by the Regulations. The person in charge had recently completed a management course, and had identified training needs around risk management, which she hoped to address. Further training requirements in dementia care including dementia care mapping was discussed during the formal interview, which took place with the person in charge.

Throughout the inspection process the person in charge demonstrated insight and commitment to delivering good quality care to residents informed by ongoing learning and review of practice. She enjoys her role and feels supported by the provider and the support of two clinical nurse managers.

However, no formal management meetings take place between the person in charge and the provider to inform and guide their work.

Outcome 14

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

References:

Regulation 16: Staffing

Regulation 17: Training and Staff Development

Regulation 18: Recruitment

Regulation 34: Volunteers

Standard 22: Recruitment

Standard 23: Staffing Levels and Qualifications

Standard 24: Training and Supervision

Inspection findings

Inspectors spoke to staff and found they were knowledgeable about residents, had established a good relationship with them and inspectors saw them responding to

their needs in an informed way. Relatives and residents spoke highly about all staff. Staff were clear about their roles and responsibilities and were able to explain these to inspectors.

There was a comprehensive written operational recruitment policy. Inspectors examined five staff files and found they contained the information required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Formal induction arrangements for newly employed staff were in place. However, staff turnover was very low. Inspectors also saw that registered nurses had a competency assessment completed as part of their annual appraisal.

The training plan for the remainder of the year was found to be wide-ranging and included topics such as clinical audit, risk management, manual handling, end of life care and prevention and detection of elder abuse. However, mandatory training records reviewed by the inspectors found that not all staff had received elder abuse awareness training

The majority of health care assistants had Further Education and Training Awards Council (FETAC) level five training. Staff confirmed how much they had enjoyed doing this and how it helped them in their work.

Volunteers in the centre receive an acceptable level of supervision and support and were vetted appropriate to their role and level of involvement.

A review of the roster showed there were adequate staff on duty. The numbers on duty reflected the staff to resident ratios described by the provider/person in charge in the application to register. Inspectors spoke to staff who explained that staff are allocated daily, based on residents' needs. In the questionnaires returned to the inspectors, all relatives said they found there was adequate staff on duty. However, the number of resident falls at night was found to be high, and practices relating to supervision at night were discussed with the person in charge and the provider. This would particularly be in regard to residents of maximum dependency who are at high risk of falls and policy on frequency of checks.

6. Safe and suitable premises

Outcome 15

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.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Inspection findings

The split-level design of the building was suitable for its purpose. The circulation areas, such as corridors, were adequate for walking and allowed space for wheelchair access. An internal garden courtyard was accessed from the newly refurbished conservatory; the gardens were landscaped, mature and well maintained with a variety of outdoor furniture provided for residents' use. Views from the visitors' room and rooms along the east facing corridor enjoyed views of the coast line and sea. However, as the premises are located on a sloping site the access to the rear garden is gently sloped. The grounds and access to the front door area required attention to the surface as some areas were found to be worn and uneven. Relatives had concerns about security and access to the road as no gates were in place onto Thormanby Road.

The building was found to be clean and bright and well maintained throughout. The front entrance/reception area was homely and welcoming and was carpeted and the person in charge had an office space close by for private meetings.

There were a variety of day areas, including quiet spaces, provided. The rooms were comfortably furnished and domestic in character. Residents could also sit and relax in the seating area near the dining room, the visitors' room. The inspector saw residents using all the day areas and some residents confirmed that they enjoyed the views of the gardens.

Bedroom accommodation met residents' needs for privacy, leisure and comfort. All bedrooms were freshly painted and fully furnished. The décor and colour schemes created a restful, relaxing environment. There were specialised beds, ample personal storage space, screening in shared rooms, telephone line, nurse call bell facilities and a variety of armchairs. Residents had personalised their own rooms with furniture, photographs and ornaments. The provider had made an arrangement with one resident to have a larger twin room to themselves, and one room was reserved for residents on respite stays. A small number of single en-suite bedrooms had domestic baths in place in their en-suites, this arrangement was not fully meeting the needs of all the residents allocated these rooms. Access to assisted shower rooms was also available and met their needs.

The inspector visited the kitchen and found it to be clean, and well equipped. There was a plentiful supply of fresh and frozen foods. Separate staff toilet and changing facilities were provided for catering staff. A well-equipped kitchenette was used for breakfasts and snacks during the day.

Inspectors found there was appropriate assistive equipment available such as specialised beds, hoists, pressure relieving mattresses, wheelchairs and walking frames. Handrails were available to promote independence. Hoists and other equipment were maintained and service records were up-to-date. Storage for equipment was in place and inspectors noted that the equipment was safely stored without impeding any walkways.

Improvements had been made to the sluice room and the provider had provided evidence of completing environmental audit of the premises. However, inspectors found that some of the radiators were too hot and unguarded. The provider has submitted evidence of corrective action to address this matter that was found to be satisfactory. Some areas of carpet on the corridors were found to be stained; the provider told inspectors it was due to be replaced. Directional signage was not in place to visually guide residents and relatives around the centre.

7. Records and documentation to kept at a designated centre

Outcome 16

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:

Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings

** Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Resident's guide

Substantial compliance

Improvements required*

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required*

General records (Schedule 4)

Substantial compliance

Improvements required*

Operating policies and procedures (Schedule 5)

Substantial compliance

Improvements required*

Directory of residents

Substantial compliance

Improvements required*

The register of residents was not found to be kept up to date in line with legislative requirements.

Staffing records

Substantial compliance

Improvements required*

Medical records

Substantial compliance

Improvements required*

Insurance cover

Substantial compliance

Improvements required*

Outcome 17

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Inspection findings

Inspectors reviewed a record of all incidents that had occurred in the designated centre since the previous inspection and cross referenced these with the notifications received from the centre. Completed incident and accident forms were reviewed and follow up by the person in charge. However, detailed analysis was not in place as outlined in Outcome 5.

Improvements noted following the introduction of a falls prevention multi disciplinary team meetings, had resulted in positive outcomes. The provider confirmed that residents had access to a private physiotherapist if required.

Outcome 18

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection findings

There were appropriate arrangements in place for the absence of the person in charge.

The clinical nurse managers deputised for the person in charge. The person in charge, and the provider were aware of their responsibility to notify the Authority but as yet this was not necessary.

Inspectors were informed that there have been no absences of the person in charge for such a length that required notification to the Chief Inspector of Social Services.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge and the clinical nurse managers to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Leone Ewings
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

21 October 2011

Action Plan

Provider's response to inspection report*

Centre:	Howth Hill Lodge
Centre ID:	142
Date of inspection:	13 and 14 September 2011
Date of response:	15 November 2011

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, 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 1: Statement of purpose and quality management

1. The provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose did not adequately details charges for laundry services and an adequate organisational chart.

Action required:

Compile a statement of purpose that describes the facilities and services which are provided for residents.

Reference:

Health Act, 2007
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

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

Timescale:

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

Provider's response:	
Our statement of purpose has been revised to include detailed laundry charges and an organisational chart.	Complete October 2011

Outcome 2: Reviewing and improving the quality and safety of care

2. The provider is failing to comply with a regulatory requirement in the following respect:	
The residents survey conducted did not fully meet the requirements of the legislation relative to the quality of life of the residents.	
Action required: Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.	
Action required: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.	
Reference: Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All audits and surveys will now have a detailed report attached which will be communicated to all staff, residents and relatives.	Complete

Outcome 3: Complaints procedures

3. The provider/person in charge is failing to comply with a regulatory requirement in the following respect:	
A record of complaints detailing the outcome of the complaint and whether the resident / complainant were satisfied was not fully maintained.	
Action required: Maintain a record of all complaints detailing the outcome of the complaint and whether or not the resident was satisfied.	

Reference: Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A formal letter will now to be sent to any complainant detailing outcome and satisfaction level.	Complete

Outcome 4: Safeguarding and safety

4. The person in charge is failing to comply with a regulatory requirement in the following respect: 25 of the 48 staff working at the centre had not received training on the prevention, detection and response to elder abuse.	
Action required: Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.	
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Seven staff remain to be trained/updated and this will be done on their return from maternity/sick leave.	January 2012

Outcome 5: Health and safety and risk management

5. The provider is failing to comply with a regulatory requirement in the following respect: A full review of incidents was not found to be complete relating to medication error incidents, which took place at the centre. A review of the findings of the risk management review had not been completed to address findings such as ramps in use on corridors and hot radiators.	
--	--

Action required: Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.	
Action required: Review the findings of centres' risk management review and fully implement recommendations in relation to ramps and level access at the centre.	
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The only medication error was a pharmacy dispensing error which was noted by the nurse manager when checking the medications received and a report was written. However, this was put into our incident folder and will from now on be placed into a separate medication error folder.</p> <p>Our two ramps have been highlighted with fluorescent markings and a full risk management review completed.</p>	<p>Complete October 2011</p>

Outcome 6: Medication management

<p>6. The provider/person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>There was no centre specific policy in place to guide and inform staff on medication disposal at the centre.</p> <p>The policy on self-medication was not evidence-based, and did not fully inform nursing staff on how a decision was made to commence or continue with self-medication to maintain the residents' independence.</p>
<p>Action required: Create and evidence based policy to guide and inform staff on medication disposal at the centre.</p>
<p>Action required: Review medication policy to include the detail of how an assessment takes place prior to a decision to self-medicate, using evidence based assessment tools.</p>

Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Medication disposal and self medication policy has been updated and all staff informed.	Complete October 2011

Outcome 10: Contract for the provision of services

7. The provider is failing to comply with a regulatory requirement in the following respect: The contract for the provision of services did not clearly state the additional charges and fees to be charged for laundry provision.	
Action required: Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.	
Reference: Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract / Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Laundry provision and charges are now clearly detailed on our residents' contracts.	Complete November 2011

Outcome 12: Residents' clothing and personal property and possessions

8. The provider/person in charge is failing to comply with a regulatory requirement in the following respect: A written operation policy and procedure was not in place to adequately address communication at the designated centre.

Action required:	
Create and put in place a policy that adequately addresses the provision of information to residents living at the designated centre.	
Reference:	
Health Act, 2007 Regulation 11: Communication Standard 20: Social Contacts	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Our policy on provision of information has been updated.	Complete October 2011

Outcome 14: Suitable staffing

9. The person in charge is failing to comply with a regulatory requirement in the following respect:	
The staffing at night was not reviewed following a review of un-witnessed falls at night, and staffing was not adjusted accordingly to ensure adequate supervision, using a validated tool.	
Action required:	
Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.	
Reference:	
Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
We have commenced hourly night checks on all at risk residents and this has resulted in a 100% reduction in unwitnessed falls at night. We continue to adjust staffing levels as our residents needs change.	Complete October 2011

Outcome 15: Safe and suitable premises

<p>10. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The grounds of the car park and area the front door was uneven and worn and required attention to ensure level access.</p> <p>The external grounds were not secure and easily accessed from the road frontage.</p> <p>No signage on visitors' room.</p> <p>No designated cleaning room in place.</p>	
<p>Action required: Maintain external grounds which are suitable for, and safe for use by residents.</p>	
<p>Action required: Review signage on visitors' room.</p>	
<p>Action required: Review provision of a fully equipped cleaning room which meet the requirements of the Standards.</p>	
<p>Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Our car park will be resurfaced when it is fiscally possible to do so.</p> <p>Appropriate signage is now in place throughout the building.</p> <p>A cleaning room will be provided and we are researching a suitable location for same.</p> <p>Our grounds are extremely secure and the only open road frontage is a 17 foot wide driveway which is situated 75 feet from our front door. It is impossible to install gates as our nursing home is situated on an extreme bend on the main Thormanby Road. The provision of gates would cause traffic chaos and would be unsafe for all road users. All our residents are safeguarded by the provision of key coded alarm entry & exit systems on all of our external doors.</p>	<p>Spring 2012</p> <p>Complete</p> <p>February 2012</p>

Outcome 16: Records and documentation to be kept at a designated centre

11. The person in charge is failing to comply with a regulatory requirement in the following respect:

The directory of residents was not found to be kept up to date.

Action required:

Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

Reference:

Health Act, 2007
Regulation 23: Directory of Residents
Standard 32: Register and Residents' Records

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

Timescale:

Provider's response:

We have redesigned our register forms and monthly audits are now carried out.

Complete

Any comments the provider may wish to make:

Provider's response:

We would like to thank the inspectors for their professional manner throughout the inspection. We appreciate the feedback given to us and subsequently look forward to bettering the service we provide to our residents.

Provider's name: Nicola Taylor

Date: 15 November 2011