

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Windfield Nursing Home
Centre ID:	0185
Centre address:	Waynestown
	Summerhill Road
	Dunboyne
	Co. Meath
Telephone number:	01-8255232
Fax number:	01-8251503
Email address:	windfieldnursinghome@gmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Dunboyne Nursing Home Ltd
Person in charge:	Ann Patricia Mongey
Date of inspection:	22 September 2011
Time inspection took place:	Start: 12:45 hrs Completion: 16:00 hrs
Lead inspector:	Sheila McKeivitt
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met 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*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Windfield Nursing Home is a purpose-built residential care facility for older people that has been operating since 1987. The centre provides care for up to 37 residents with age related problems and dementia care needs. Most were admitted for long term care. However, respite and convalescence care can also be provided. There were 24 residents living in centre on the day of inspection.

The building is a single-storey u-shaped design set back from the road with a green area and large car park to the front. There are 32 bedrooms comprising of 27 single and five twin bedrooms. 18 single and four twin bedrooms have a shower, toilet and was-hand basin en suite. Bedrooms are situated down corridors to the left and right of the front door.

Rooms used by residents are bright, airy, and clean and most have been newly decorated. The sitting room situated opposite the front door opens out to an enclosed courtyard. The sluice, laundry and oratory are situated to the back of the building. There are a number of sheds at the rear which are used for the storage of supplies.

Location

Windfield is located three kilometres from Dunboyne village, on the road to Summerhill.

Date centre was first established:	1987
Number of residents on the date of inspection:	30
Number of vacancies on the date of inspection:	7

Dependency level of current residents	Max	High	Medium	Low
Number of residents	10	7	11	2

Management structure

The Person in Charge, Patricia Mongey reports to the Provider, Donal O'Gallagher and the Operations Manager for the company, Rosetta Herr. The Person in Charge is supported by a team of staff nurses, care and ancillary staff who report to her.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	5	2	3	1	*1

* Maintenance man

Background

Windfield Nursing Home was last inspected by the Health Information and Quality Authority (the Authority) on 24 and 25 March 2010. The inspector found that the centre did not meet eight of the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The inspection report is available on www.hiqa.ie.

The purpose of this inspection was to follow-up on the eight action plans submitted by the provider in response to the last inspection report. The inspector found that six of the eight actions plans had been met, two remain outstanding.

Summary of findings from this inspection

Since the last inspection on 24 and 25 March 2010 the inspector observed that some positive changes had occurred which had improved the quality of life for residents living in the centre. For example, the communal sitting room had been refurbished and there was a more extensive choice of activities. Activities outside the centre were organised for residents participation on a more frequent basis.

Staff were observed offering residents a choice, at lunch residents were offered a choice of meal and offered a choice to use protective clothing or not.

The inspector saw evidence that staff had received training in caring for residents with acquired brain injury, physical and intellectual disabilities. Additional manual handling training had been provided for staff and practices observed were in line with best practice.

Residents' documents were locked in a safe and secure place and the names of all staff working in the centre were reflected on the staff roster.

The issues in relation to cross infection had been risk assessed and measures put in place to minimise risks identified.

The laundry remained unchanged. Although planning permission had been obtained, further developments had not commenced. The recruitment practices did not reflect the recruitment policy in place and were not in line with legislative requirements. The two action plans at the end of the report reflect these two issues.

1. Action required from previous inspection:

Ensure care staff employed receive training in caring for residents' with acquired brain injury, physical and intellectual disabilities alternatively employ staff who hold qualifications in these areas of care.

This action had been fully addressed.

Staff had attended an in-house training workshop for acquired brain injury, physical and intellectual disabilities. The inspector viewed the attendance signature sheet for this in-house training workshop which took place in June 2010 together with evidence that those in attendance had completed a follow up questionnaire relating to the in-house training.

2. Action required from previous inspection:

Ensure all care staff receive further training in moving and handling of residents to ensure their practice reflects best practice.

This action had been fully addressed.

The inspector reviewed documents which showed that all staff working in the centre had up to date manual handling training certificates in place. The person in charge informed the inspector that staff had been provided with additional in house education on manual handling practices. The inspector observed care staff using safe manual handling practices when using assistive devices in the sitting room and when assisting residents to mobilise during the inspection.

3. Action required from previous inspection:

Review practice of staff putting protective clothing on residents while dining.

This action had been fully addressed.

Residents were observed having lunch in the dining room. The inspector observed staff offering residents the choice of whether to wear protective clothing or not. Napkins were also supplied at each residents' place setting.

4. Action required from previous inspection:

Ensure all residents records are kept in a safe and secure place.

This action had been fully addressed.

Resident documents were now moved to from the unsecure store room. They were now locked away in a secure cupboard.

5. Action required from previous inspection:

Ensure the catering cleaning room had hand drying facilities.

Put controls in place to address the risk of cross infection as cleaners access the cleaning room via the laundry.

Review the practice of storing non sluicing materials and equipment in the sluice room.

This action had been fully addressed.

The catering cleaning room had hand drying facilities in place. A disposable paper towel holder had been installed.

The risk of possible cross infection in the laundry had been addressed through risk assessment and control measures put in place. The inspector viewed used mop heads placed in a separate coloured coded bin outside the laundry room for laundering at the end of the daily laundry run. Mop buckets are emptied in the sluice area. The person in charge explained how the rubbish collected on the cleaning round is bagged and taken to the bin before the trolley passes through the laundry. Housekeeping and laundry staff had been educated about these new risk control measures.

The inspector viewed the sluice room and it now contained sluicing equipment and materials only.

6. Action required from previous inspection:

Provide a laundry room which contains a double drainer made of stainless steel, a wash hand basin, sufficient worktop for the sorting of laundry and space to separate clean and dirty laundry.

This action had not been addressed.

The size of the laundry room had not changed. However, the inspector was informed that planning permission had been obtained from Meath County Council to extend the laundry room. The operations manager was unable to advise as to when the extension would commence.

7. Action required from previous inspection:

Ensure all staff employed in the centre appear on the staff roster.

This action had been fully addressed.

The inspector viewed the actual staff roster and found that the full name of all staff employed to work in the centre now appeared on it.

8. Action required from previous inspection:

Ensure evidence of physical and mental fitness of each employee is available in their personal file.

This action had not been addressed.

The recruitment practices did not reflect the recruitment policy.

The person in charge stated the practice of receiving evidence of new employee's physical and mental fitness signed and dated by their medical practitioner had begun. However, the inspector found that such practice was not consistent. For example, one staff member who commenced employment in May 2010 did not have evidence of their physical or mental fitness signed and dated by their medical practitioner in their file. Another who commenced employment in August 2011 did have it in place. There was only one written reference in the file of the staff member who commenced employment in August 2011.

Report compiled by:

Sheila McKeivitt
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

25 October 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
25 November 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

24 and 25 March 2010

- Registration
- Scheduled
- Follow-up inspection

- Announced
- Unannounced

Action Plan

Provider's response to inspection report *

Centre:	Windfield Nursing Home
Centre ID:	0185
Date of inspection:	22 September 2011
Date of response:	25 October 2011

Requirements

These requirements set out what the registered provider must do to meet 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*.

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

The laundry room does not contain the adequate equipment required.

Action required:

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.

Reference:

Health Act, 2007
Regulation 19: Premises
Standard 25: Physical Environment

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The physical constraints of the building require work to be carried out in a linear manner thus reducing the need for large work spaces. It is not limited to certain hours within the day, thus ensuring a controlled, tidy and efficient operation.</p> <p>While we are aware of certain limitations, we feel that until we can extend the building (planning permission granted), there is little we can do in terms of finding additional space.</p> <p>We will continue to review our procedures in this area as in all areas of the home and will alter our practice as required.</p>	Ongoing

<p>2. The provider is failing to comply with a regulatory requirement in the following respect:</p>	
<p>Recruitment practices in place did not reflect the recruitment policy and did not ensure that staff members employed were fit to work at the designated centre, as full and satisfactory information and documents specified in Schedule 2 had not been obtained in respect of each person.</p>	
<p>Action required:</p> <p>Ensure evidence of physical and mental fitness of each employee is available in their personal file.</p>	
<p>Action required:</p> <p>Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 18: Recruitment Standard 22: Recruitment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>One staff file was short of one of the schedule 2 documents at the time of the inspection. This was amended shortly after the</p>	Complete

inspection and now all staff files are complete in terms of our own HR requirements and those of Schedule 2	
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Any comments the provider may wish to make:

Provider's response:

None supplied

Provider's name: Donal O'Gallagher

Date: 25 October 2011