Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Nursing Home Inspectorate,
HSE Dublin North East Area,
2nd Floor, Ballymun Civic Centre,
Main Street,
Ballymun,
Dublin 9

Tel: 01-8467340
01-8467346

Fax: 01-8467508

Date: 18th July 2007

Ms. Nicola Taylor,
Registered Proprietor,
Brymore House Nursing Home,
Thormanby Road,
Howth,
Co. Dublin

Inspection Report

Re: Inspection of Brymore House Nursing Home, Thormanby Road, Howth, Co. Dublin under the Health (Nursing Homes) Act, 1990 and the Nursing Homes (Care and Welfare) Regulations, 1993.

Dear Ms. Taylor,

The Health Service Executive Nursing Home Inspection Team from the Medical and Nursing perspective inspected **Brymore House Nursing Home** on the **10th May 2007.**

The inspection commenced at **10.30 a.m.** and was completed by **02.30 p.m.** This inspection was **routine and unannounced.**

There were **37 residents** on this date. The Nursing Home is currently **fully** registered for **40 residents.**

Issues identified in the previous Inspection Report dated **21st February 2007:**

The following:

- Articles have been satisfactorily addressed:

  Article 5 (b): *Nursing Care Issues following Pressure Area Risk Assessments*

  Article 12 (a): *Issues 1, 2 & 3*

- Articles have been partially addressed: **Article 19.1 (d)*:*** *Issue A & B: Nursing Care Plans and Documentations (Significant improvement but still work in progress)*

Current Inspection

The following issues require your attention and action.

Article 29 (a)

Article 29: *The registered proprietor and the person in charge of the nursing home shall:*

(a) make adequate arrangements for the recording, safekeeping, administering and disposal of drugs and medicines

Issues:

1. Medications were stored in an unlocked press on a corridor at time of inspection

2. MDA's administered were not signed for as being checked by a second staff member on 6th May 2007 and 9th May 2007.

3. MDA's were only being checked at time of administration.

Required Action:

1. Ensure all medications are stored and secured in a locked medicine cabinet or trolley in a locked room

2. All MDA's must be checked and countersigned at time of administration

3. All MDA's must be checked and signed for at each change of shift (An Bord Altranais Guidance to Nurses and Midwives on Medication management, 2003).

Timescale:

Within 7 days of receipt of the Inspection report.

Article 10 (d)

Article 10.5: *The registered proprietor and the person in charge of the nursing home shall ensure that:*

> *(d) a sufficient number of competent staff are on duty at all times having regard to the number of person maintained therein and the nature and extent of their dependency*

Non Compliance:

1. There was no formal evidence to reflect that an induction programme for staff had been undertaken

2. There was little evidence of ongoing training and education for staff to ensure the nursing needs and requirements of highly dependent patients are met.

Required Actions:

1. Priority must be given to the development and implementation of an appropriate induction programme to all staff. Evidence of this must be available for future inspection

2. Ongoing education and training needs for all staff must be identified and provided by the nursing home to ensure the nursing needs and requirements of all the patients are met. Evidence of this must be made available for future inspection.

Timescale:

(1) and (2) to commence upon receipt of this correspondence and must be fully implemented by 12 weeks.

Article 19.1 (e)

Article 19.1: *In every Nursing Home, the following particulars shall be kept in a safe place in respect of each dependent person:*

(e) a medical record with details of investigations made, diagnosis and treatment given and a record of all drugs and medicines prescribed, signed and dated by a medical practitioner

Issues:

Despite the fact that all the residents were reviewed by GPs regularly (at the minimum, every 3 months when the medication chart is reviewed and if resident is well), a number of the medical notes do not show up to date medical documentations:

- Resident ** last medical documentation entries was 22/12/05
- Resident ** last medical documentation entries was 22/8/06
- Resident ** last medical documentation entries was 14/6/06

It is acknowledged that the Nursing Home is currently in the process of reorganizing all of its documentation folder system in a way that all the documentations (Care Plans, Nursing and Medical Notes) are to be held in one folder and kept in one place, and that the current findings mentioned above are as the result of this reorganization process.

It was also noted from cross-checking with the Nursing Notes that the residents above were seen by GP regularly after the dates noted above.

Required Action:

It is recommended that the Nursing Home complete the reorganization process as quickly as possible and that follow up reviews of these documentations will be made in the next inspection

Timescale:

Six months from the receipt of the Inspection Report

Article 17

Article 17: The Registered Proprietor and the Person In Charge of the Nursing Home shall have a brochure available with information about the Nursing Home, including the name and address of the home, the name of the Registered Proprietor, the admission policy, accommodation provided and special facilities and services

Issue:
The name of the Registered Proprietor was not included in the brochure.

Required Action:
Please include the name of the Registered Proprietor into the brochure

Timescale:
2 months following the receipt of the report

Other Recommendations:

1. Return all unused medications to the pharmacist.

2. We acknowledge the improvement in the Nursing Care Plans and documentations as well as its current work in progress in relation to development of care plans. Following the current inspection, we advise continuing the work in progress to ensure:

    - The care plans are person-centered and reflect the residents' individual care needs and nursing requirements

    - A care plan is devised and implemented for all changes in the residents condition e.g. wound care, MRSA positive etc

    - Implement a recognised falls risk assessment tool to inform the falls prevention care plan.

3. We acknowledge the work in progress to adapt the 'Nursing Homes Policies Project'. Following the current inspection, we advise continuing this work in progress to ensure the policies are devised and implemented for the nursing home reflect best practise, for example, Falls Prevention Policy and policy on Challenging Behaviour.

4. While there are currently accident forms in place within the Nursing Home to record all accident or falls involving a dependent person to satisfy the requirement of Article 19.1 (g), on review of the accident forms, it was noted that:

- A number of accident forms did not include vitals observation despite the fact that the resident fell and sustained an injury

- The part where the Nursing Home staff were supposed to fill in whether GP was informed or not was left blank in a number of the accident forms

- Where GP was informed, there was no date or time indicating when GP was informed

- There was no space on the accident form to note that the relative (name, date and time) were informed of the accident

As per discussed during the inspection, we recommend the details above are included when filling the accident forms

The Chairperson of the Inspection Team is to be notified in writing on or before the above dates indicating the steps taken by the Nursing Home to carry out the actions as required under the Regulations.

Signed:

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Designated Officer/ Chairperson, Nursing Home Inspectorate, Dublin North East	Designated Officer, Nursing Home Inspectorate, Dublin North East

Signed counterpart sent to Ms. Cynthia Gosker, Registered Person In Charge, Brymore House Nursing Home