Nursing Home Inspection Report

Health (Nursing Homes) Act, 1990 and the Nursing Homes (Care and Welfare) Regulations, 1993.

Nursing Home	St. Gabriel's Nursing Home
Number of Residents	51
Registered for	52
Nursing Home Address	Glenayle Road, Raheny, Dublin 5.
Proprietor	Poor Servants of the Mother of God.
Proprietor's Address (if different from above)	C/O Sr. Kathleen Coleman, St. Mary's Convent, Watermill Road, Raheny, Dublin 5.
Person-in-Charge of Nursing Home	Ms. Maura Hooper.
Date and Time of Inspection(s)	25/09/07 10:35 to 16:40
Date report issued	26/11/07
Summary of previous report findings	Following the previous inspection from 15th May 2007, the nursing home has not addressed non-compliance under the following regulations. Article 12 (a), Article 19.1 (d) & 19.1 (f)

Inspection Report

Current Inspection Summary Findings

Compliance status	**Findings of latest (unannounced) inspection which took place on 25/09/07** The inspectors findings based on the current nursing home inspectorate regulations are as follows:

Findings

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Summary Findings of Current Nursing Home Inspection

- **Under Care & Staffing the nursing home was compliant with 24 out of 25 regulations.**
  On the basis of this inspection and under current nursing home regulations, there are issues that need to be addressed as outlined below in relation to the Care and Staffing.

- **Under Management the nursing home was compliant with 23 out of 23 regulations.**
  On the basis of this inspection and under current nursing home regulations, the inspection team would consider the nursing home to have a good standard of management.

- **Under Physical Environment the nursing home was compliant with 9 out of 11 regulations.**
  On the basis of this inspection and under current nursing home regulations, there are issues that need to be addressed as outlined below in relation to the Physical Environment.

Compliance/Non Compliance

Non-Compliance (This section should be deleted if no non-compliances have been recorded)

Based on the most recent nursing home inspection the nursing home is non-compliant under one or more regulations. For more details see below.

Regulation number	Article 12 (a)
Non-Compliance	1. Following the recommendations of the inspection of 6th October 2006 and the non-compliance of the inspection of 15th May 2007 a Falls Management Policy was not available for review at the inspection on 25th September 2007. This

	was discussed with the Director of Nursing who has informed the Designated Officers that she is booked to attend a training day on 29th October 2007 to ensure that the policy development is in line with best practice. In view of this, the timeframe for the required actions which are outlined below, from the inspection of 15th May 2007 has been extended. 2. The Designated Officers acknowledge that the Nursing Home has identified residents at risk of falls. These residents have been assessed using an appropriate risk assessment tool and that the required actions relating to those residents have been appropriately carried out and documented. However this assessment and documentation needs to be supported by a Nursing Home Falls Management Policy as outlined above.
Required Action	1. Develop and Implement a policy in relation to the prevention and management of falls. 2. Provide appropriate training relating to all aspect of the falls prevention and management policy.
Timescale	Actions 1 & 2 to be implemented by November 30th 2007.

Regulation number	Article 19.1 (d)
Non-Compliance	The Designated Officers acknowledge that there is significant improvement in the nursing care planning and documentation process since the inspection on 15th May 2007. However on review of a random sample of nursing documents the following issues were identified: 1. The daily nursing note is documented on a daily flow sheet (a tick box system), which is completed on each shift by a staff nurse. The Designated Officers noted that this tick box system was not being completed fully or accurately by the nursing staff. Therefore it was difficult to determine an accurate record of the persons care needs for each day. 2. ** and ** both had wound care charts in place which were incomplete and it was not possible to establish an accurate wound status for these residents.
Required Action	1 All areas of the daily flow sheet should be completed in accordance with the options provided. Should these options not reflect the care received by the resident this will require documenting in the section for narrative notes to ensure an accurate record of the persons condition is maintained.

	2 Avoid the use of abbreviations such as "N/A" which are not informative. 3 The nursing care plans must be person centred and reflect the care the individual received. All assessments should be completed and recorded fully to ensure the condition of the resident is documented accurately.
Timescale	Within one week of receipt of this report.
Regulation number	Article 19.1 (e) & 19.1 (f)
Non-Compliance	1. A number of medications were being administered by the nursing staff which were not signed by a doctor, as in the case of: 2. ** Documented for Folic Acid 5mg OD PO 20/09/07 3. ** Documented for Codalax Forte 2 Po and Diclac Retard 75 PO 1/02/07 4. ** Documented for Warfarin 1mg OD PO 08/05/07 5. ** Documented for Tritace 2.5mg OD PO 08/08/07
Required Action	1. The Person in Charge to ensure medicines prescribed are signed and dated by a medical practitioner. 2. All medications must be administered and documented in accordance with An Bord Altranais "Guidance to Nurses and

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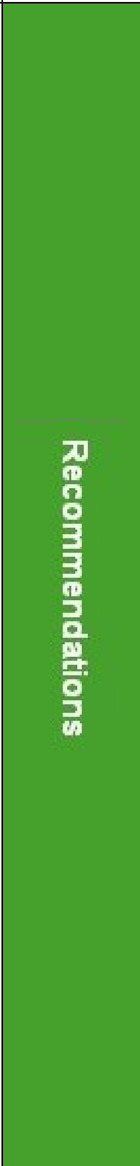
	Midwives on Medication Management" July 2007.
Timescale	Within one week of receipt of this report.

All regulations, their reference numbers and the details of those regulations can be viewed in Nursing Homes (Care and Welfare) Regulations, 1993.

Comments and Recommendations



Comments and recommendations made by the inspection team as a result of the inspection

1. The Incident/Accident report forms have an area for "follow up actions". This remained blank in the majority of cases. It is recommended that all aspects of the form are completed.
2. It is recommended that an audit is carried out on the incidents/accidents on a monthly basis to assist in identifying trends and reviewing actions as part a continuous quality improvement programme.
3. Continence assessments were undertaken as part of specific residents care plans. This should be supported with a continence promotion and management policy.
4. It was noted that one resident is self administering her medication. The Designate Officers acknowledge this is the residents own choice and that there is supervision of the resident. It is recommended that a policy is developed and documented in line with An Bord Altranais "Guidance to Nurses and Midwives on Medication Management" July 2007 Section 2.7.
5. It is recommended that a cleaning and sterilising regime for bedpans and commode receptors is documented and displayed in a relevant area for staff observation and utilisation.
6. The Designated Officers recommend that the "Policy for the colour coded cloths" is included in the Policy & Procedure folder with a signature sheet to ensure that all staff have read and understand this procedure.

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This report has been completed/issued by	Noel Mulvihill, LHO Manager	Author