



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: 16th August 2007

Sisters of the Poor Servant of the Mother of God,
Registered Proprietors,
St. Gabriel's,
Glenayle Road,
Raheny,
Dublin 5

Inspection Report

Re: Inspection of St. Gabriel's, Glenayle Road, Raheny, Dublin 5 under the Health (Nursing Homes) Act, 1990 and the Nursing Homes (Care and Welfare) Regulations, 1993.

Dear Sisters,

The Health Service Executive Nursing Home Inspection Team from the Medical and Nursing perspective inspected **St. Gabriel's** on **15th May 2007**.

The inspection commenced at **10.10 a.m.** and was completed by **5.50 p.m.** This inspection was **routine and unannounced**.

There were **51 residents** on this date. The Nursing Home is currently **fully** registered for **52 residents**.

Issues identified in the previous Inspection Report dated **23rd February 2007**:-

The following:

- Articles have been satisfactorily addressed: **Article 18.1 (e)** – *Register details regarding Respite Care residents*
- Articles have not been satisfactorily addressed: **Article 19.1 (a)** – *Care Plans & Nursing Documentations*

Current Inspection

The following issues require your attention and action:

Article 12 (a)

The Registered Proprietor and the Person In Charge of the Nursing Home shall:

- (a) *take precautions against the risk of accidents to any dependent person in the Nursing Home and in the ground of the Nursing Home*

Non-Compliances

1. On review of the recommendations following the inspection of 6th October 2005, a falls prevention policy was in the process of being drafted by the Director of Nursing, Ms Maura Hooper. However, a policy in relation to the prevention and management of falls was not available on the current inspection and therefore yet to be implemented. This was discussed with the Person in Charge on the day of the inspection and was to be addressed thereafter.
2. On reviewing the accident/incident records of the Nursing Home, the Designated Officer noted that there were 41 recorded accidents/incidents since the last inspection on the 19th December 2006. Ten of the recorded accidents/incidents involved dependent person **, however on reviewing the nursing documentation and care plans in relation to ** this recurrent issue was not continuously assessed or reviewed, and the section within the incidents/accidents records indicating the follow –up action was left blank in some cases. Therefore, preventative measures and management of accidents/incidents were not evident.

Required actions

In relation to 1 and 2, the Person In Charge should take the necessary precautions against the risk of accidents to any dependent person in the Nursing Home. Therefore, the person in charge should:

- Develop and implement a policy in relation to the prevention and management of falls
- Arrange training in risk assessment and management
- Identify residents at risk, complete and review evidenced based risk assessment tools to ensure the residents have been assessed appropriately and care is planned and reflective of the current needs of the residents.
- Care plans must be person centred and reflect the individual needs of the residents
- Documentation should be supported by a nursing home policy and appropriate training.

Timescale

Within one month from receipt of this report.

Article 14 (b)

The Registered Proprietor and the Person In Charge of the nursing home shall:

- (b) *make adequate arrangements for the prevention of infection, infestation, toxic conditions, or spread of infection and infestation at the nursing home*

Non-compliances

1. Bars of soap are used as opposed to liquid soap
2. Hand washing facilities for staff are limited, as they have to walk to the nearest bathroom after attending to individual residents needs. Only one hand cleaning gel dispenser is available on the ground floor and one on the first floor

Required Actions

Regarding 1, please refer to Infection Control Guidelines and use of liquid soap

Regarding 2, strategically place hand cleaning gel between residents' rooms, for staff and visitors use

Timescale

1-3 to be addressed within 14 days from receipt of this report

Recommendation

Install a bedpan-washer for sterilising bedpans and commode pots

Article 5 (b)

The Registered Proprietor and the Person In Charge shall ensure that there is provided for dependent persons maintained in a Nursing Home:

(b) a high standard of Nursing Care

Article 19.1 (d)

In every nursing home the following particulars shall be kept in a safe place in respect of each dependent person:

(d) an adequate nursing record of the person's health and condition and treatment given, completed on a daily basis and signed and dated by the nurse on duty

Non-Compliances

It was acknowledged that documentation had improved from the last inspection. However, on review of a random sample of nursing documents regarding dependent persons:

1. Dependent persons' needs were identified in the assessment of Activities of Daily Living (**, **, **, **, **, **, **), however, there was no link between the assessment, whereby problems and needs were identified, and the care to be provided or the outcome. Therefore, care interventions were not specific or explicit, and no specified time by which to reassess or evaluate treatment and care, was indicated
2. The daily care plans were a checklist of basic personal care needs and were incomplete and not person centred
3. The care interventions were not specific in the case of ** who has a sore with MRSA and who attends two different day centres during the week. These significant details regarding treatment and routines were not reflected in her nursing notes. Additionally, no infection control policy is in place to guide evidence based practice at the time of inspection. Another dependent persons' [**] assessment form indicated that he required "constant supervision", however, how this need was addressed or what care was implemented was not evident within the nursing notes. This particular dependent person had a history of falls, having had 10 falls/incident reports, since the last inspection. Additionally, no care plan or nursing home policy was in place regarding fall prevention/management at the time of inspection. Therefore, how this dependent persons' identified need was being addressed or managed, was not evident or evidence based, and not reflected in the nursing documentation

4. Continence assessments are reportedly carried out on each dependent person on admission, however, in **, **, ** and **, this is not reflected in the individuals daily care plan and no policy exists regarding continence promotion and management or catheter care (**)
5. The management and treatment of “Bowel care” was outlined within the nursing home policy prior to contacting/prescribing by the doctor. The policy on “Bowel Care” dated 16-02-07 suggests five steps before contacting a doctor (step 6). Step 3 refers to “aperients”, step 4 refers to a “microlax” and step 5 refers to a “phosphate enema”. Additionally, an entry in **’s nursing documents on the 29-2-07 refers to a “manual evacuation”
6. In **’s assessment of **’s being “abusive to care assistants” was identified, however, a care plan regarding how this is addressed or managed is not in place. Additionally, there is no policy on managing difficult or challenging behaviour
7. The missing person policy needs to be reviewed in relation to contacting the Gardai after one hour.

Required Actions

1. The nursing process includes assessment, planning implementation and evaluation. These stages within this process need to be reflected in the nursing documentation regarding dependent persons. When a problem, need or issue has been identified, it is essential that a goal or objectives are set and the necessary treatment and care interventions are implemented. A review date should be identified to evaluate this care plan, and the cycle should be continuous
2. All care planned for the residents must be specific and complete to that resident and reflect the current needs of the resident based on the assessment carried out on the resident
3. Falls Prevention and Management policies should be in place to guide evidence based practice. Wound Care Policy and Policy on Behaviour Management needs to be reviewed and updated.
4. Continence assessments should be person centred and reflected in care plans, and guided by a Policy
5. The current practice and policy regarding “bowel care” needs to be reflective of evidence based practice, and must be in accordance with An Bord Altranais “Guidance to Nurses and Midwives on the Administration of Medical Preparations. A policy regarding the Administration of Medical Preparations must be developed and implemented within the Nursing Home

6. Care needs must be reflected in a care plan and guided by policies that are based on evidence based best practice. When a need is identified for example challenging behaviour, a plan of care must be implemented and documented, and a policy developed to guide this practice
7. All policies require constant review and evaluation. It may not be considered best practice to wait until one hour before contacting the Gardai regarding a missing person and may be misleading to agency or unfamiliar staff. All incidents may vary; therefore, some incidents may need a swifter response and intervention by the Gardai. Therefore, it may be appropriate/ safer to call the gardai immediately, search and then possibly cancel the gardai, rather than wait for one hour

Timescales

1 – 7 are to be addressed within 4 weeks of receipt of this report

Recommendation

We acknowledge that a regular team meeting and staff training are currently in practice within the Nursing Home and we recommend the Nursing Home to continue on with this practice as training, education and team work is central to achieving the required actions above and that staff can further enhance and develop the skills and requirements to address the issues above

Article 19.1 (f)

In every nursing home the following particulars shall be kept in a safe place in respect of each dependent person:

- (f) *a record of drugs and medicines administered giving the date of the prescription, dosage, name of the drug or medicine, method of administration, signed and dated by a medical practitioner and the nurse administering the drugs and medicines*

Non-Compliances

In dependent person ** drug kardex, Fosamax 70mg weekly and Movicol 13.8 bd were administered but not signed or dated by the medical practitioner

Required Action

The drug or medicine should be signed and dated by a medical practitioner

Timescale

On receipt of this report

Article 18.1 (g)

Article 18.1: *In every Nursing Home, there shall be kept in a safe place a bound register of all dependent persons resident in the home, which shall include the following particulars in respect of each person:*

- (g) *where the person dies in the Nursing Home, the date, time and the certified cause of death*

Issues

A number of residents who passed away within the Nursing Home (e.g. **, **, **, **) were stated 'RIP' within the register, followed by the date of death. However, the spaces in which the cause of death, where the resident passed away (in hospital or within the Nursing Home), the time of death and the date when the HSE were informed were left blank

Required Actions

Person In Charge to ensure all the information above is properly addressed to fully satisfy the requirement of Article 18.1 (g) above

Timescale

To be addressed within 5 days following the receipt of this report

Recommendations

As discussed with the person in charge on the day of the inspection:

1. No recorded evidence indicated that the MDA stock was checked at shift hand-over or on a daily basis. Therefore, Designated Officers recommended on the day of the inspection to the person in charge that MDA stock is checked and recorded daily.
2. PRN drugs such as Serenace liquid [BMG] and Xanax were unnamed in the drug trolley. Therefore, the Designated Officers recommended that all medication should have dependent persons name on it if in use, or returned to pharmacy.
3. Manual Handling policy was not specific and did not refer to the assessment of dependent persons
4. On the day of inspection two of the inspectors sat with the dependent persons in the dining room during lunch. They both found that:

- a. When staff were serving the lunch, via an open section between the main kitchen and the dining room, the noise level was disturbingly high
- b. On completion of meals, the dependent person's plates were being lifted by staff and cleaned into a bucket. This practice was carried out alongside the dependent person at each table

The Person In Charge was advised to review the serving and gathering practices at meal times to promote a more relaxing environment and enhance a dignified approach to this important activity and occasion.

5. The Nursing Home's Complaint Procedure was noted during inspection to be obscurely positioned in the front reception area. Person In Charge was advised to find a more suitable location for the display of the Complaint Procedure

The Nursing Home 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:

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

Designated Officer,
Nursing Home Inspectorate,
Dublin North East

Designated Officer,
Nursing Home Inspectorate,
Dublin North East

Cc Ms. Maura Hooper, Registered Person In Charge, St. Gabriel's.