Inspection Report

Re: Inspection of Swords Nursing Home under the Health (Nursing Homes) Act 1990 and the Nursing Homes (Care and Welfare) Regulations 1993

Dear Proprietor

The Health Service Executive Nursing Homes Inspection Team inspected Swords Nursing Home Mountambrose, Swords, Co Dublin, from 10.15 to 15.00 on 07/06/2007 and 10.45 to 15.00 on 11/06/07. This inspection was routine and unannounced.

There were 21 residents on this date. The Nursing Home is currently fully registered for 60 residents.

The following issues require your attention and action.

Articles

14  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;

5  The registered proprietor and person in charge shall ensure that there is provide for dependent persons maintained in a nursing home:
(a) suitable and sufficient care to maintain the person’s welfare and well-being having regard to the nature and extent of the person’s dependency:

(b) a high standard of nursing care

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 persons maintained therein and the nature and extent of their dependency:

Non-compliance
Adherence to infection control is inadequate in that

1. The staff on duty could not definitively inform the Designated Officers of the number of residents who were MRSA positive.
2. It was observed by the Designated Officers that facilities for the prevention of infection (aprons, gloves clinical waste bags and hibiscrub) were not in place for use by staff in the rooms of **, **, and **.
3. Clinical waste bags were observed by the Designated Officers lying on the floor in the sluice room (these bags were not sealed).
4. No clinical waste pedal bins were available on the days of inspection.
5. The MRSA policy is not specific in that it doesn’t guide clinical practice.

Required Action
Person in charge shall ensure that

1. All staff know the status of residents in relation to MRSA or other infectious conditions.
2. A communications mechanism is introduced to ensure compliance with no 1.
3. A training programme is introduced for all staff on infections control policies and guidelines for the care of persons with MRSA.
4. The existing MRSA policy is reviewed to ensure that it is specific in nature so that it guides clinical practice
5. Clinical waste pedal bins are provided

Timescale:
1& 2 on receipt of this report.
3 &4 within four weeks on receipt of this report.
5 Within two weeks on receipt of this report

Article 19.1
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 Compliance
On review of the nursing notes, the records did not reflect that the care required was actually received in that;

1. The residents admission form was incomplete in all cases.
   a) Information such as GP details were left blank.
   b) Source of admission was not completed

2. The care plans do not reflect the assessment carried out and in some cases the care plans were not activated (computerised system in use)
   a) In the case of **, ** no nutritional care plan was commenced despite an assessment placing this resident at risk.
   b) Resident ** no longer has a peg in situ yet there is still a care plan for his peg and feeding regime.
   c) Resident ** had 2 risk assessments completed where the risk of falling had increased significantly yet there was no reference to this in his care plan or daily notes

3. The care plans need to be more person centred and specific in nature and reflect the actual care that is being prescribed for the resident rather than just adopting those available within the computerised system.

4. There are a number of risk assessment tools in place, falls, nutritional continence, dependency, yet they are not been used uniformly or being followed through from assessment to care plan.

5. At present there are two separate systems in place for the recording of the daily nursing notes for each resident.

6. The daily nursing notes are not reflective of the care plans.

7. Abbreviations are used in the daily nursing notes in the absence of an agreed abbreviation list or policy on the use of abbreviations.

8. Where residents have been assessed and require ongoing treatment by physiotherapist no care plan has been commenced to reflect this

Required Action
1. All documentation relating to the resident and their care to be completed in full including admission sheet, personal details including biographically details, all risk assessment tools required to ensure the residents has been assessed appropriately, care plan that is reflective of the current needs of the residents and based on an up-to-date assessment
2. A Care plan to be commenced on all identified residents problems/issues.
3. Any residents who has been assessed by the physiotherapist /or who are having ongoing input must have a care plan in the nursing documentation with reference to the recommendations of the physiotherapist and any instruction given re care interventions.
4. Care plans must be person centred and reflect the individual needs of the residents
5. Person in charge to finalise which system is to be used to record the daily nursing notes.
6. Implement an agreed abbreviation list to be used and a policy to support the use of abbreviations

**Time scale**
1&4 within four weeks on receipt of this report
2 &3 within 12 hours of assessment of resident
5 & 6 within two weeks on receipt of this report

**Article 28.1**
In every nursing home there shall be kept in a safe place a record of
(a) all fire practices which take place at the home.
(b) All fire alarm tests carried out at the home together with the result of any such test and the action taken to remedy defects;
(c) The number, type and maintenance record of fire-fighting equipment

27.1 The registered proprietor and the person in charge of the nursing home shall;
(b) make adequate arrangement to secure by means of fire drills and practices that the staff and so far as is practicable, depended persons in the nursing home, know the procedure to be followed in the case of fire

**Non-compliance**
No register/record was available on inspection with information on the articles above.

**Required Action**
Provide a register to meet with the provisions of the above articles.

**Time scale**
Within 5 day of the day of inspection.

**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 persons maintained therein and the nature and extent of their dependency:

**Issue**
It was noted on the day of inspection that the staff have not been recruited to meet the commitments of the staffing levels agreed at registration.

**Required Action**
We acknowledge that you are currently making efforts to recruit staff and in the meantime have taken the responsible decision to cease admissions to the nursing home, a decision with which the inspectorate concur. While it is also acknowledged that the current staffing levels are appropriate for the number of residents currently maintained in the home, it would not be sufficient for any further admissions.
The nursing home inspectorate require submission of increase staffing levels prior to opening the home to any further admissions. Prior to accepting any further admission in excess of 20 residents, the Inspectorate require you to submit the details of all staff employed to include their:

- Full Name
- Qualifications
- Hours employed
- And grades of staff

**Timescale**

On recruitment of additional staff and prior to admission of residents in excess of 20 residents.

**Article 13**

In every nursing home there shall be:

(a) a separate kitchen with suitable and sufficient cooking facilities, kitchen equipment and tableware;

**Issue**

Currently there are no condiments available in the nursing home and salt and pepper are presented in open dishes on the tables for communal use.

**Required Action**

The Designated Officers were informed that condiments are ordered and the nursing home is awaiting delivery. In the absence of these and until such time as they are delivered provide individual sachets of salt and pepper at each meal.

**Timescale**

On receipt of this report.

**Article 19.1 (e)**

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

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

**Issue:**

Resident **–** On reviewing the resident’s computerized medical documentation, Designated Officer noted that the last entry typed on the 4/5/7 appears to be signed off by ** Staff Nurse. ** informed that the entry was written by the resident’s GP but it
was typed while the computer was logged under *’s name. The Nursing Home has been in contact with the company responsible with the setting up of the computerized system for advice in removing or correcting the error, but was informed that all entries entered into the system cannot be changed.

**Required Action:**

1. Although all documentations within the Nursing Home are fully computerized, it is still considered a legal document. All errors made in any documentation should not be changed or deleted in any way. A separate entry should be made immediately instead, to identify the errors made and the appropriate correction to rectify the error.

2. If the error involves the name of the person documenting the entry, then a separate entry should be made immediately to identify the error and the name of the person originally documenting the entry.

3. Person In Charge to implement and reinforce with all Nursing Home staff:
   a. A protocol to minimize errors in documentation
   b. A protocol that must be followed in the event of an error accidentally entered into the computerized documentation

**Timescale:**

5 days following the receipt of this report

The Chairperson of the Inspection Teams to be notified in writing on or before the above dates the steps taken by the nursing home to carry out the actions as required under the regulations.

Signed:

__________________________________________  _______________________________________
Designated Officer/Chairperson.                  Designated Officer

__________________________________________  _______________________________________  
Designated Officer                             Designated Officer