

	Nursing Home Inspection Report
	Health (Nursing Homes) Act, 1990 and the Nursing Homes (Care and Welfare) Regulations, 1993.
Nursing Home	Tower Nursing Home
Number of Residents	21
Registered for	21
Nursing Home Address	94/95 Cappaghmore Estate, Clondalkin, Dublin 22
Proprietor	Mr David Stokes
Proprietor's Address (if different from above)	
Person-in-Charge of Nursing Home	Mrs Eileen Coates, RGN
Date and Time of Inspection(s)	16/10/2008 10.30am – 16.20pm
Date report issued	21/11/2008
Summary of previous report findings	<p>Following the previous inspection from 7/4/2008, the nursing home has addressed non-compliance under regulation 19.1 (g).</p> <p>The nursing home has not wholly addressed non-compliance under the following regulations; 5 (b) and 11.2 (i).</p>
	Current Inspection Summary Findings
Compliance status	<p>Findings of latest (unannounced) inspection which took place on 16/10/2008</p> <p>The inspectors findings based on the current nursing home inspectorate regulations are as follows:</p>

Inspection Report

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, the inspection team would consider that the nursing home provides a good standard of Care and Staffing for residents.
- Under Management the nursing home was compliant with 22 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 10 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.

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

Regulation number	11.2 In every nursing home there shall be provided suitable and sufficient accommodation which meets the minimum standards as follows:— (i) Over head lamps at each bed accessible to the person and permanent night lighting with dimming facilities. (ii) Emergency call facilities are provided at each bed.
Non-Compliance	Since the last inspection approximately half the overhead light switches which were out of reach have been replaced with overhead lights with pull strings for turning on and off. However, the new system has a flimsy appearance and is aesthetically poorly finished off. The person in charge says that the lights will eventually be moved down to fit alongside a planned new alarm system. Emergency call facility not working at two bedside locations.
Required Action	Install accessible overhead lights for all clients. Ensure that post installation the workmanship is aesthetically finished off.
Timescale	3 months
Required Action	Repair of broken emergency call facilities

Compliance/Non Compliance

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Timescale Immediate

Regulation number 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.

29.1 (a) & (b). The registered proprietor and the person in charge of the nursing home shall:
(a) make adequate arrangements for the recording, safe-keeping, administering and disposal of drugs and medicines;
(b) ensure that the treatment and medication prescribed by the medical practitioner of a dependent person is correctly administered and recorded.

Non-Compliance The signed record of drugs administered to Resident***did not match the prescription which had been rewritten on the 11/10/2008. It materialised that the night staff wrote down the alphabetical list of drugs as for old prescription and did not take cognisance of the fact that the letters did not equate with the newly written prescription. This resident was also prescribed ***to be administered weekly. The drug was not given on 15/10 when it was due. It was given for the previous two weeks. There was no reminder that the drug was due to be given on the 15/10.

Resident *** was prescribed ***, drug discontinued, dated but no signature.

Resident***was prescribed ***but no dose was recorded.

Resident***prescription record had a line drawn through*** to denote the medication was discontinued but there was no accompanying signature or date.

Resident ***had ***and ***prescribed TID but these were been administered as required not as prescribed. The medication should be prescribed as PRN

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Required Action A full review of all medication prescription and administration charts to be undertaken
Review all processes relating to the management of medications within the nursing home.
Ensure that all nursing staff administer medications in accordance with the An Bord Altranais guidelines (July 2007).

Regulation Number 5(b)
The registered proprietor and the person in charge shall ensure that there is provided for dependent persons maintained in the nursing home:
(b) a high standard of nursing care

Non-compliance The Designated Officers acknowledge the Nursing Home's efforts to improve documentation with regard to resident's care plans and the use of researched based assessment tools. However, on review of a random selection of resident care plans it was difficult to ascertain for some what information was reflective of the residents current health status. For instance:

Resident***file contained an admission assessment; falls risk assessment and continence assessment none of which were dated.

Resident***, Resident*** and Resident*** had falls risk assessments completed but no date filled in for date approved or date reviewed.

Required Action The person-in-charge shall ensure that:

All nursing assessments are signed dated and timed by the Registered nurse. (An Bord Altranais Recording Clinical Practice Guidelines to Nurses and Midwives, 2002)

Risk assessments have an implementation and review date documented.

Audit of the Nursing Documentation on a regular basis. (An Bord Altranais Recording Clinical Practice Guidelines to Nurses and Midwives, 2002)

	<h2 style="text-align: center;">Nursing Home Inspection Report</h2>	
	<p style="text-align: center;">Health (Nursing Homes) Act, 1990 and the Nursing Homes (Care and Welfare) Regulations, 1993.</p>	
<p style="text-align: center;">All regulations, their reference numbers and the details of those regulations can be viewed in Nursing Homes (Care and Welfare) Regulations, 1993.</p>		
	<h2 style="text-align: center;">Comments and Recommendations</h2>	
<p>Comments and recommendations made by the inspection team as a result of the inspection</p>	<p>It is acknowledged that due to the limited dimensions of the nursing home there is limited day space and circulation space for service users and visitors. There is a gazebo outside the back door to accommodate smokers. I am informed by the person in charge that this temporary structure will be replaced by a permanent structure which will be incorporated into a proposed building extension to the nursing home. The designated officers would recommend that professional advice is sought to ensure that the proposed extension optimises space to ensure added quality space for residents and their visitors.</p>	Recommendations
<p>This report has been completed/issued by</p>	<p>Mr. Enda Halpin, A/Local Health Manager, Dublin West</p>	Author